

*This interview has been lightly edited for clarity.*

**Amelia Bonow:**

We're so glad that Naomi wrote this book and spoke to all of these brilliant people about the work that they are doing to get abortion pills into the hands of people that need them all over the world in contexts that are in some ways very different than the one here in the US and in some ways the same. And it's obviously a very timely topic. [We are] so interested in looking outside of US models. We wish that the US movement did more of that. We are ourselves so motivated by our friends all around the world who are participating in this global movement to claim abortion access as belonging to the people currently and indefinitely, regardless of what any courts have to say about it.

And you know, you'll be hearing a ton about laws and pills and especially around this SCOTUS mifepristone case that is looming over all of us. And this book is a great reminder that the law is not a description of what is possible. It is not a description of what is moral. It is a suggestion that is being made by a bunch of assholes and it is as effective as we are collectively compliant. So with that, I will hand it over to the very capable actual professor, Naomi Braine.

**Naomi Braine:**

Alright, thank you, Amelia. So, yeah, I mean, laws are – I like the framing of laws or a suggestion. In my occasional, you know, activist trainer hat, I say yes, we comply, or we don't. That the government counts on our compliance. Alright, so. Let me. Hold on a share screen. So I have abortion beyond the law, safe outside the system. I, you know, a lot of how I got into this, as my bio says, at Harvard I worked on drug use and HIV and whatnot. So I was a harm reduction activist. Oh, I'm starting in the early nineties. Which dates me in all kinds of ways.

So I was involved in early needle exchange programs in both Chicago, primarily in Chicago, but also in New York. And I eventually moved into doing research on harm reduction and drug use in HIV. But I moved into it from having handed out needles on street corners. So if we fast forward to 2015, I think it was somebody who some of you may know or have heard of, Lynn Paltrow, who was the person who founded the organization that is now [Pregnancy Justice](#). Lynne Paltrow was one of the most visible voices within harm reduction around reproductive justice and she had friends like me and a few others who were also sharing that discourse.

So she had a meeting in 2015, which in many ways is the start of the start of this project that produced this book and that is why I'm now talking to you. Lynn pulled together for an entire day a small number of reproductive justice activists, mostly Latinas, and a group of them were 3 of us who had been involved in the very early days of needle exchange. And she put us in a room together, she fed us. And she wanted us to talk about what it meant to work outside the system.

And in particular, she wanted to teach the needle exchange people about medication abortion and she wanted us to talk about what it meant to work in a context of at best questionable legality and in some cases outright transparent illegality and what that was like and what we could learn, how we could share information about that. And you know what I brought into that room with Tim and Trish and my other needle exchange colleagues was a conviction that legality doesn't make you safe, that illegality doesn't make you unsafe. That we make each other safe. We keep each other safe. Oh, we help each other stay safe. And that was the core of needle exchange. That if people need some information and they need some tools, and that if you give them information and tools, they will figure out how to use it and you can work with them and support them as they figure out the best way for them to use it in their situation.

So, I, you know, so when I heard about medication abortion, I was like, fuck yeah, this totally makes sense to me. Whereupon I was introduced to in 2016 and 2017 I began to learn about and make connections mostly in Latin America and with [Women Help Women](#). If somebody wants to put a link to Women Help Women into the chat that would be cool and you could pull up their website. They are an amazing telehealth org and that ships pills all over the world other than the United States and that's a whole other story. And they do a lot of work on the ground with frontline activists. Across Latin America, Asia, and Sub-saharan Africa.

So I began making some friends on my own and Argentina and Chile and I also began making some friends with Women Help Women. Those 2 kind of pathways came together with a lot of conversations about what would be useful and what was an appropriate role for me as a Ginga from the north who was landing in the middle of this stuff that was solidly in progress.

How could I be useful? And so that ended up taking me to a focus on the transnational nature of it that is visible from half a step outside. Even more so than from deeply inside. That an ethnography of a particular collective was not mine to do. But talking to people about networks and how they knew each other and how they did their work and how they shared their work, and how they got into it and – kind of the bigger picture rather than something that drilled down deeply in one location. A bigger picture and a little bit more surface-y was something that I could usefully do. And so that's what I did with help from really a core group of amazing people who introduced me to folks. And you know and who vouched for me and who said yeah you should talk to her even before they really knew me.

Kind of on that trust thing of like, I know so and so and we know certain people together. So these photos here are of places that I did research, including the United States. “Not gay as unhappy, but queer as in fuck SCOTUS.” That comes from the Dyke March, the New York City Dyke March. 24 hours after [Dobbs](#) dropped. And New York was alive with rage. So I was also in, but my primary research was with Women Help Women. I was also in Chile, I spent a lot of time in Chile. Which is actually both of the Spanish

photos the “Abortar el patriarcado y el capital” was from an abortion march in Santiago. And there was some graffiti in honor of that march that went up. I think that's on a statue that was outside the university. In addition to Latin America, I went to Nigeria and Kenya. And the garden in the upper left is connected to the Kenyan NGO.

So they taught me. You know, and I learned from them and I listened to them and I hung out with them and I feel incredibly privileged that they opened their hearts, their organizations, their thoughts. And so on. To me and with me and engaged in a lot of conversation. Some of it with a tape recorder running or a digital thing running and A lot of it in parks and coffee shops and bars and various places where you have conversations that don't get reported.

So. Let me offer a brief history of this movement. And it is a transnational movement. You know, part of my ability to talk to people was that if I talk to folks in Chile, they could connect me to people in Ecuador and Mexico. And Argentina and folks in Kenya and Nigeria not only knew each other and Women Help Women but they had been to an international meeting of hotlines. Two of them actually, that happened between 2016 and 2018 so they knew some of the Latin American women that I had met with. Right, so they know each other, they're talking to each other. So how did this start? Right?

You know, we have mifepristone and misoprostol and we're used to them as a matched set. Medication abortion began in the 1980s in Brazil where there was an ulcer medication that was known as Cytotec then. We now know it as misoprostol. And it came with this charming warning on it. “Do not take it if you are pregnant and do not become pregnant while taking this medicine because it can cause a miscarriage or other serious complications.” And the short version appears to be that there were women in Brazil who read that label and thought, hmm, a miscarriage would be a really lovely thing right at this moment. And began working with pharmacists. Who helped provide some information. Oh, women in Brazil became so good at using misoprostol. And so good at teaching each other about it and in the 1980. There are no cell phones. There is no internet. There are at best old-fashioned landlines. There are people having conversations in old-school fashion.

And they shared information so effectively. Through feminist networks, but also through friendship networks and school-based networks and who the hell knows what kind of networks. That it became what they were doing. Became visible to the Brazilian government. Because some epidemiologists realized that noted in their statistics that the maternal mortality rate from botched abortion had dropped. So this was how effective it was. Without any formal organization of any kind. And the word spread into Chile and kind of around Latin America.

Cytotec was available often directly in the pharmacies. But now, once the Brazilian epidemiologist said, hey, people are using this in this way and apparently quite a lot of them are, it became less available in pharmacists because wasn't the goal was not to preserve

maternal health. The goal was to control women's bodies. And so when women took control of their own bodies. In a way that involved using some medication they bought at a pharmacy that medication was pulled out of the pharmacy. Oh, nobody was arrested. That anybody knows. So that's the beginning of SMA.

The other thing that's happening across an ocean is that the French invented mifepristone and began doing medication abortion through the medical system. That has gradually spread through Europe and was eventually approved in the United States in 2000. To move this history forward, we have the French, we have the Brazilians. The other thing that happens in the early 2000s –besides the US authorizing the mifepristone in an unbelievably limited fashion –is that A boat and the abortion boat is launched out of, I forget whether it was Amsterdam or Rotterdam, but at any rate. A Dutch doctor and her staff take some first steps that take us towards telehealth and telemedicine.

It began with the abortion boat. [Women on waves](#) who quickly became [Women on Web](#). And began teaching people how to use abortion medication and sending it to them by mail. So these different threads. Kind of of what was happening informally in Latin America, and what began to happen in a kind of formal organized way in Europe, including with this invention of international telehealth that came together in 2008 in Ecuador when the staff of Women on Web trained a collective of young feminists in Ecuador on how to teach people how to use both mifepristone and misoprostol together and misoprostol alone. And they launched a hotline that is still in existence today. And some of the people who helped launch it are still working on it today, but most of them have moved on.

So, hotlines kind of came out of this and hotlines are probably the most basic form of outreach, the most basic form of support for SMA. So Aborto con Medicamentos is the you know, the logo, the image associated with [Salud Mujeres](#) in Ecuador which is, you know, was the first hotline. And the basis for the hotline is the legal right to give and receive information. That sharing information is legal.

Sharing pills is more complicated. But sharing information is legal. And any of you who have been through a training on SMA probably had hammered into your head that you have to share information and not give advice. Right. And that's true in Latin America as much as it is here in the United States. So you cannot say, "you could take this medication." You could say, "this medication has this effect. Someone could – people take this medication." "The WHO recommended protocol is xyz," and as long as you hang with that you should be within solid legal ground.

And this has been, you know, there are women all over the world as we speak. There are probably more than half a dozen activists having conversations somewhere in the world with somebody who needs information on how to have a medication abortion. Oh, and the hotline spread like wildfire through Latin America, Asia, and Sub-saharan Africa.

“Miss Oprostol” below is a web page. It's, oh, sorry, it's a Facebook. It's a Facebook identity. Where she is, Miss Oprostall. I believe it's based in Mexico. That's certainly where it started. So one of the at around the time that hotlines were emerging. Activists in Mexico were beginning to do what they called accompaniment. And the difference between a hotline and accompaniment is really just how much support you give somebody and whether you're in touch, you're committed to being in touch with them throughout the process.

A lot of accompaniment happens by telephone and by text message. So it's not like there's telephones and then there's something else, that a hotline is just something you can call anytime. It's an operation and whoever is answering the hotline will give you the information you need. Accompaniment is more a system where there's some education done and then a particular activist makes a commitment to be available to a particular person as they go through an abortion. Oh, that's the that's the difference between hotlines and accompaniment.

And that what really happens through this is that we get transnational globalized, de-medicalized abortion. None of these people with hotlines or accompaniment. None of them are doing that because they are doctors.

They are, there may be some medical practitioners occasionally involved. But people have been trained by other activists and that is the basis on which they are working. They are not working on it because they have a medical degree. Right. And here we have more. Here's, so this is a list an incomplete list of countries where there are safe abortion hotlines. Just to give you a sense, I think there are 25 or 30 around the world. So this is just over half.

Maybe I haven't counted it lately. And. Up on the screen you get to see some of the logos, right? So. Lesbian, and, Feministas is or was the Argentinian hotline. Auntie Jane is one of the sub-Saharan African hotlines. Line Aborto Chile was the second hotline to Oak. Actually, it's sort of unclear. Line Aborto Chile and lesbian honesty, feminists, in Argentina were the second, the second and third.

There's some debate as to who was second and who was third. After Ecuador. They were trained by Ecuador. And in the lower right, we have the Polish hotline. So. And you know, the basic structure. Globally is that this work is either done by collectives. Or by NGOs, also known as nonprofits.

So, you know, the collectives are lower to the ground. They are more flexible. They are harder to target. And there are more collectives in Latin America. Most of the movement in Latin America is not in NGOs. It is in collectives. The hotlines in the accompaniment groups are collectives. Mexico is the only Latin American country that I know of that has NGOs that do this work. Oh, and Fondo Maria is one of them and they are also connected with some of the abortion funds here in the United States. Las Socorristas, you know, Las Socorristas does rock the house. They're an accompaniment collective in Argentina. They are amazing and badass.

And I know they are even in Latin America, there's a certain amount of like, yeah, okay, there's the Oh, they're extraordinary. And part of their extraordinariness is, you know, the depth at which they take this on. And support women throughout and women and others who can become pregnant throughout our Argentina. They have a trans analysis. They call themselves feminists and trans feminists. They will work with people in the second trimester. They are probably the experts on second trimester outside the system. And they are safe outside the system in the second trimester.

And so they have some other Latin American collectives. I think it's Miss Rosie actually does more second tri than Auntie Jane in sub-Saharan Africa. There's a network in Sub-saharan Africa called the [MAMA Network](#), which is a network of hotlines. Also MAMA Network, by the way, is a really good source for English language resources like manuals and things like that. Hmm. So, you know, reach out. You don't have to invent the wheel. See what somebody else has done.

You certainly don't have to invent the manual for God's sake. There are so many abortion manuals out there I really can't even tell you.

And they are in multiple languages. If you want one in, you can get them out of – in Latin America, you can get them in Spanish. Haitian Creole and one of the indigenous languages. The Mapuche Indigenous language. Mapudungun, I think it's called. Oh, so they got you covered on all of that.

So let me talk a little bit about strategies, models, what are people doing? So a hotline provides information by phone. It can be done in any way from burner phones. 24h, very complicated voice response system. Now, before you make any assumptions about technology and region, let me tell you that the burner phones are in Latin America in the capitals of South America. Including relatively European cities like Buenos Aires in Santiago and the 24h voice response systems are in the NGOs in Africa where they have unbelievable technology. I was blown away by the tech they're running there.

So accompaniment is an ongoing connection by text, email, phone, or in person. From the initial providing of information through the completion of the process and a little aftercare if needed. Accompaniment, most of it is by text, email, or phone. Most accompaniment collectives prioritize young people, teenagers. Really vulnerable folks and second trimester cases for in-person accompaniment. And that's partly because you can do a lot more by text and email and phone than you can if you're with somebody in person throughout Sub-Saharan Africa in particular, but also in the United States. There are community health workers of all different kinds.

Health educators, doulas, midwives, community resource workers who offer education and support and they fold in –certainly in sub-Saharan Africa, the community resource workers and health educators were folding in SMA along with birth control along with you know, “how do you get Social Security.”

So, like, like all sorts of things. How do you get medical care? How do you get birth control? How do you self-manage an abortion? Probably how do you get a divorce? Certainly how do you get HIV treatment? What is safe sex, right? Like they have the whole sex gender thing. That they are addressing and SMA is just part of the picture.

And in that way they have some overlap with some of the dual collectives in the United States who are doing a wide variety of work. They're also the other place where this strategy is emerging in the United States to my knowledge is in harm reduction. There are needle exchange outreach workers and sex worker outreach networks that are providing information. And education and support around SMA just kind of folded into everything else they do.

I was talking with a friend in Florida. And was explaining some of this stuff, talking about a company, and he looked at me and he said, accompaniment, yeah, that's what we do with everybody around all sorts of stuff. And he loved the language and Just sort of claimed it for when they're working with people around overdose prevention.

We're helping somebody get housing when they're helping somebody get into drug treatment when they're helping somebody get HIV tested and care. He's like, yeah, we accompany people. And that is also some of the roots of the concept in Latin America, as it came out of the many ways that feminists were accompanying vulnerable folks, particularly women and families.

And of course, everybody has an internet website. Telehealth and telemedicine are kind of at the outer edges of the medical system, especially telehealth.

Oh, you know the rest of this the hotline accompaniment community health workers completely de-medicalized

So. Oh, so this is my, this is, this is a fabulous tree that is in the ethnobotanical garden in Oaxaca. And I thought we could all look at it while I talk about what we can learn from the Global South and how all of this work is interconnected. It's certainly more interesting than looking at me or at a blank screen. So what are some things that we can learn from the Global South?

First of all, we can hold deep respect for the people who have been doing this work for over 40 years. Who have created the fact, who have done the work necessary so that we can be like, "yeah, SMA, sure." You know, that came out of. Latin America, it came out of Brazil, Chile, Argentina, Ecuador. It came out of Indonesia. It came out of multiple sub-Saharan African countries. They figured this out and then they said, yeah, we'll teach you. Let's just be really clear on the directionality here.

So what are some things we can learn? So one thing – I said second trimester in a throwaway, almost throw away fashion. So one of the deep lessons that everybody is grappling with is it SMA outside the medical system is possible and has to be possible outside the medical, you know, even in the second trimester. The experts in this are probably Miss Rosie. And a combination of Argentina, Chile, and maybe Ecuador. And not everyone will do it because there is a fetus. It is not a clump of cells. Oh, but the people who need second trimester, self-managed abortions are some of the most vulnerable pregnant people who are turning to activists for help. They're teenagers. They may be people who are multiply marginalized in all kinds of ways. People who have been trying to get illegal abortion and couldn't and then it's 16 weeks, it's 18 weeks and what the F are they gonna do now? And so they end up with activists who will work with them. And who know how to do it safely and carefully.

Oh, and I don't know the full protocol for that, but let me just give you a quick heads up that they have all told me it involves less, misoprostol, not more and not the same. So just like...sit with that. And so one thing is that to really do SMA seriously we need to be willing to do it into the second trimester. We need to have some people who are willing and able to do it into the second trimester. Which gets us into the places also every single according to Farah Diaz-Tello of [If When How](#). Every single prosecution of a self-managed abortion in the United States has been at 17 weeks or later. Right. So, and that's not an activist helping people. That's people who have had an abortion. So it is way more complicated. It is a thing, but it's a thing that can be figured out. It is a thing that people are doing all over the world. Oh, so some other stuff.

Let me sort of try to pick up the pace a little bit here. So one of the really important lessons from Argentina and Chile both is inside/outside. That if we're doing this in our communities we need contacts inside the medical system. Right? The activists who are outside the medical system need to have somebody inside who will work with them. Whom they can send somebody to. Somebody is scared, if somebody is afraid, if somebody does begin to hemorrhage, if somebody is like I really want to see an ultrasound, I really

need to know whether I'm okay and whether this totally worked. Or if somebody is in week 13 or 14 and is having a really hard time. They need somebody they can go to who will not ask questions that don't need to be asked. Who will be able to say, okay, you're having a miscarriage.

How to write it this way. Or who can say, "you think you had a miscarriage, and you want to know whether it was complete? Sure, we can help you with that." And never ask them exactly how the miscarriage took place, not scare them, treat them with respect.

Oh, and post-abortion care, post miscarriage care is legal even in places where abortion is illegal. And that's something doctors need to learn. So Argentina has really good inside/outside relationships. To the point where there are doctors who when abortion was illegal in Argentina and it may be again under Milei. You know, who would directly who would have stacks of the flyers from the Soccoristas. And when somebody would say, I really, you know, I really don't want this. I'm terrified. What can I do? They would say, okay, I may not be able to help you, but why don't you talk to them? And there were flyers all over some of the waiting rooms. But they also have really good relationships with doctors who will provide medical backup when it's needed for emotional, psychological, or medical reasons.

Oh, Chile had some really interesting examples. Also of what you could call referral relationships under really high levels of criminalization. When I was in Chile in 2017 abortion was prohibited under any and all circumstances including to save the life of the mother. That changed in the fall of 2017 fall for us. Oh, I'm springing for them. But when I was there in June and July of 2017, it was still completely prohibited under any circumstances. And I talked with a couple of doctors who were like, yes, of course I have somebody that I send people to. And I even talked to one of those people. One of the doctors connected me with the person she sent people to. Who was selling, you know. Good pharmaceutical, misoprostol that he would get from a variety of places. And he would never tell me exactly how he came to do that. Oh, but he was actually more isolated and in some ways more vulnerable than the activists. But he would sell on a sliding scale and he kept people's confidentiality and he would meet people wherever they needed to be met. So whatever his backstory is. When he was, he was doing activist work. In his own way.

So, we need to remember that in places where abortion is illegal, doctors are part of the connection to get people the support they need, including to SMA collectives and activists, not just to, you know, get in a car and drive for 3 states over. So one of the really important lessons to learn out of global activism is that these are communities of solidarity and communities of knowledge development. Networks, networks, networks, networks. Nobody is doing this work alone. No collective is isolated. You know, there are – Everybody in Latin America is connected to everybody else. Not because there's necessarily an official formal network. There

was at one time a hotline network. It existed for 2 or 3 years, but all the hotlines were connected to each other and they were helping everybody start new hotlines long before they formed an official network.

Hmm, and there are already *acompañantes* at the moment in Latin America but the accompaniment collectives were forming and training each other and swapping protocols and figuring out how to adapt each other's protocols. And sharing information about complicated cases and how they manage them and teaching each other how to do this long before there was a formal network. Oh, You know, there it emerged out of long-standing feminist conferences. Many merged out of the fact that people just know each other. Activists know each other. Activists have friends who are activists.

And, you know, I asked a Chilean, how they heard about this when the hotline launched in Ecuador, how did they hear about that? She was telling me the story of, oh my god we were super excited to hear about the hotline in Ecuador and some of us wanted to do it. And so I was like, great, how did you hear about that? Because networks were part of what I was trying to figure out – how does this information travel? And she was kind of like, hmm, somebody got a video. Attached somebody got an email with a video. Who got the email with the video? She couldn't remember. Who knew that person in Ecuador? Lost in the deaths of time. You know, it was, I was talking to her almost 10 years later.

So somebody got a video that and the Ecuadorians were like, yeah, yeah, yeah, we shot these great videos and we sent them out to everybody we knew and then we did a workshop at this regional conference that happens every couple of years. And our workshop was packed and everybody flooded out of their ready to start hotlines, right? So they're making use of the shared spaces that they had to spread information. Oh, when I would ask an accompaniment collective, how did you learn about accompaniment?

Again, oh well somebody knew somebody in Las Libres in Mexico and everybody knows the Socceristas in Argentina and they sent us their information and we studied it and figured out how to adapt it. Right, so everybody is sharing information. Everybody is working together. And when people have a case that you know, are working with somebody who's in a situation that's unfamiliar to them, they start sending out text messages to other collectives saying, hey, have you had to deal with this? Hey, what do you know about this? So this is just like –it's basic from their perspective.

There have been 2 international global hotline meetings. Right, which had brought together people from all over Latin America, from Asia, and from sub-Saharan Africa to share information. So share knowledge. And most of what is known about self-managed abortion comes from these collectives and comes from epidemiologists who have worked with the collectives to prioritize the knowledge of the collectives. Alright, so let me say a few words about thinking forward to the US before Amelia and I jump into conversation.

So it's way different to go from being legal to being illegal than to just go from being illegal to being slightly less illegal. Oh, so one of the big differences is that in places where abortion has always been brutally restricted legally, people with uteruses have a lot of taken-for-granted knowledge. And one of them is do not be entirely honest with anybody in an emergency service if you have just done something that might be related to a miscarriage. So there's a whole set of take-it-for-granted understandings about who you can trust, who you shouldn't trust. How to manage information that is new for an awful lot of people in the United States. Not everybody. But for an awful lot of people. Lynn Paltrow and I used to joke that it was so much easier working with users because they knew that you should never tell the whole truth and nothing but the truth to anybody anywhere. And that it was much harder to teach that to pregnant women. So doctors. Our allies, they can be. You know, we need them and they need us. For this to work, there need to be alliances between the inside/outside alliances. Oh, and everybody needs to figure out what their fear level is and doctors need to learn how to respect the knowledge of activists. This is an ongoing project. Right. But that medical allies are super important.

Visibility is useful in some ways and it can also be dangerous. But a lot of the Latin American collectives told me that they actually felt it was safer to be somewhat visible than to try to be completely clandestine. Because a certain amount of visibility was protective. If they were attacked, it would also be visible. What they were doing was not a secret and they kept it that way. So criminalization, criminalization has an enormous history in the United States. We have one of our many malicious malignant exports. Going from legal to illegal to illegal, the stakes are high. There are, it is intrinsically politicized. Whereas when, you know, when the Ecuadorian collective launched, nobody gave a shit about abortion law is what they said to me. Like nobody cared. It had been illegal for mostly illegal for a long time. That didn't change. Nobody really cared. At least not anybody, you know, prosecutors were not interested in prosecuting abortion. That has changed. As there is a global far right that is very interested in abortion that has changed in Ecuador and they said they have to be more careful in 2019 than they were in 2009 or 2008. The majority of the prosecutions are of people who have had abortions. There are very isolated cases of activists. A couple of activists in Argentina recently. Justyna in Poland and there's been a case in Texas.

You know, so we're figuring this out. But historically the people at risk are highly marginalized folks who are having abortions and who come to the attention of the medical system or hostile family members and somebody calls the police. So. You know, and and part of what we're dealing with here in the United States, which is really different from, you know, from the places where it has always been restricted or illegal.

But do we have real uncertainty? Because there isn't a long track record. There aren't decades of trying to figure this stuff out. There isn't a long history of what people will get prosecuted for and what they won't. So we are, we are in a new world and trying to find our way forward. There are people who are using that to create a regimen of fear. They are trying to terrorize us. And in a lot of ways,

one of the hardest things perhaps. And the thing is, there are fewer lessons from south of our borders. Is how to thread that needle of what do we actually, where, where is their legitimate fear? And where are they not? They're just a protocol of terror. Oh, but as the cat is telling us, I believe it's a I believe it's an Ecuadorian cat, but I'm not sure. Es un hermoso día para destruir al patriarcado. It is always a beautiful day to destroy the patriarchy.

So and at the bottom it says it will be law, said, all right, so será ley. [La Revuelta](#) - one of the infamous and adored Argentinian collectives. So they can. I thought we'd end with a little homage to La Revuelta.

**Amelia Bonow:**

Thank you so much. Naomi. Yay! The crowd is going wild.

**NB:**

Yeah.

**AB:**

That was awesome and exciting. Do we want to like, do you want to unshare your screen so that our heads can be big.

**NB:**

Sure. Sure. I would start, yes, I was starting to look at the Q&A.

**AB:**

Yeah. Yeah.

**NB:**

Oh, So let me just say briefly, there was a case in Texas where a couple of people were similar to - analagous to the situation with Justyna [in Poland]. Okay, where a couple of people were being charged with having shared pills with a friend. I do not know where we are with that case and I would just refer all legal questions to If When How. As far as I'm concerned, they are, you know, they are the goddesses of the legal side of it. And the things they don't know, let me say, in the world of networks, there is a network of lawyers. That runs from Nova Scotia through the rural South. They know each other, they are in communication with each other, they are sharing legal strategies. They are hashing out cases together. And if one how is part of that. Is part of that network of lawyers, and that includes Caribbean islands. Everybody is in on it and they are working together. Because they understand that, you know, that we're all in this together. And on the commute, let me just say one other thing on the world in this together. Like,

I really want to recognize that When SB8 dropped in Texas and then when Dobbs dropped in June of 2022, the response from Latin America was to say we will accompany anybody in the United States who needs this. Full stop. We will send you pills. We will accompany you. We will accompany anybody in the Americas. So, so they are modeling what that kind of embodied solidarity really means.

I think it's not a stretch or a speculation to say that the time between SB8 going on the books and Dobbs would have been entirely different without Las Libres and other Latin American collectives springing into action. And yeah, just such an incredible example of just such a generous example of this transnational solidarity.

**AB:**

Hmm. Yeah. Which I think leads me to the first question that I have. So you talk a lot in the book about how Latin American organizing has this very strong transnational connection that –you said it at some point when you were speaking. You were kind of like, you know, it's part of this whole sex and gender stuff that they're doing anyway.

**NB:**

Right.

**AB:**

That abortion is, you know, it's part of like larger struggles against like–

**NB:**

Female body people, fem people being emancipated to live in their bodies without threat of violence and as full human beings in the workplace and be able to get divorced and all of these things. And it necessarily has led to like a lot of unified struggle with these like disparate different countries facing similar struggles with like, probably slightly different stigma and you know, local power structures but like that solidarity just hits different in Mexico, Central South America, then it is currently operating I would say in the United States context.

**AB:**

Please.

**NB:**

So, can I say a couple of things? Related to that. So quick, you know, abortion both isn't, abortion is super siloed here, right? Like let me just state the obvious. We know that. It is much less siloed. Everywhere else.

**AB:**

Right.

**NB:**

So what is interesting about the particularly the collectives in Latin America is that they are abortion collectives. Right? They have connections to all sorts of other feminist activists organizations and networks and whatnot, but they are abortion collectives. And that is what they do and it mostly because it takes an extraordinary amount of time. Just a labor intensive activism. And because what they are doing is, you know, takes them into some ambiguous zones. None of them have been prosecuted for it except this one outlier case in Argentina where they think they were actually going after a doctor. And some activists got swept up in it but So, The abortion networks are distinct, but they are part of, yes, these larger struggles. Las Libres was doing work around homicide and rape and began to accompany abortions out of that. In sub-Saharan Africa it's completely integrated. Right, like the organizations that are running abortion hotlines are also teaching people about HIV. They are also, that's where you really have the community workers who are doing everything is in Sub-saharan Africa. And it's all. It's all about its sexuality and gender and its you know, and why would you even begin to separate them, I think is the basic attitude. So anyway.

**AB:**

Right. And like, you know, I think that unfortunately the answer in the United States is that the Christian right is very – recognize that it would make a very effective political tool to separate abortion. In the way that they have and that the United States is operating because of this, like, wacky experiment called federalism that we're doing. We have like you know, 25 different shitty state level governments or like outwardly hostile to abortion. State level governments and then like you know 25 useless ones on them like well okay there's some good stuff happening shield laws etc. And I'm being a total pessimist but my point is that we have a totally different situation here, not just because of the sort of inherent atomization of like states. And the confusion and difficulty with organizing that it causes when neighboring states have totally different abortion laws. But also because we are living under state surveillance, a very effective apparatus of state surveillance. High tech that is being wielded by a very effective, well organized conservative legal project that is like 5 decades in the making. And so I think that one of the things your book does so well is talk about the difference between going from legal to illegal versus what you said was kind of like illegal to like less.

**NB:**

Slightly less illegal. Yeah, when they apply a law slightly, yeah.

**AB:**

Yeah. Right. So I guess I just wanted to know if you could talk about what you have learned that feels like it might be applicable to the United States in terms of this interconnectedness and this sort of, geographically flexible solidarity and helping of people when we're under these really specific different state level governments in this fucked up surveillance state that is trying to make us afraid to help each other.

**NB:**

Yep. So. I mean, I think one thing I would say is Don't give the state any more power than they actually have. Right, there are regimes of terror. Or attempts to terrorize activists. And not just abortion activists. But we need to be really thoughtful about - what actually are the risks? We're running. You know, like we need people to really be talking to the lawyers who know their stuff. And really trying to figure out what are actual risks here and what aren't. What are we afraid of? What are we afraid of because they make so many bombastic threats? But they actually don't have a leg to stand on. And what are we actually, where do we actually really need to be super careful? Right, because some of that will vary state to state. But not all of it. I mean, I think that a lot of people in the United States don't really believe that it's or have trouble believing that it is legal to share information. But every, you know –even in El Salvador, it is legal to share information. El Salvador is one of the most punitive states in the world around abortion. And You know, in El Salvador, it's not legal to have a miscarriage, but it is legal to share information. So we need to really know that work to understand. What risks there are, how to manage them. Who is most at risk in what circumstances? Activists feel super at risk, but there is very, very little track record of prosecuting activists anywhere, including in the United States. You know, activists are not usually the most vulnerable people in the room. If nothing else, because we have a lawyer. Right, we haven't, we, you know, most of us have, have on tap. A fair amount of solidarity. Right. And they don't usually go after people who have a lot of solidarity backing them up, right? An activist who is part of a network. That can, you know. Get people down to the jail if you get arrested.

Who can be on the phone immediately with somebody at If When How. Who can who has who knows people who are in networks that know how to mobilize are not the most vulnerable people.

**AB:**

Right.

**NB:**

The people who get prosecuted are the people who are alone. And terrified. And don't know what's going on and are. You know and our for the most part women of color, impoverished. Immigrants. And you know. And there is an intense surveillance state. But everything that has been reported. Including those 2 women who were prosecuted or threatened with prosecution for giving pills to a

friend in Texas. All of that is because somebody reported them. Right? All of the prosecutions begin with an act of reporting. They do not begin with a ghostly surveillance state monitoring what your computer is doing. They may use your internet history. After they have a warrant after you have been reported. Oh, all of the fear about, oh my god, if I do a kind of search, they are going to know. There is zero track record of that happening. What happens is that somebody says the wrong thing to the wrong medical person. Oh, I'm somebody's boyfriend reports the situation or somebody's other family member. I mean, you can go through case by case by case by case. People were reported - they were not found.

**AB:**

Right. You know, you bring up, you, you have reminded me of something I've been thinking about today. Which it's interesting because your book really focuses on this idea of medicalization. The idea that abortion, abortion in the United States is profoundly over medicalized. That that medical system is already failing a great many people we know that it is often racist, it is like often insufficient, inaccessible, that those people also are Most often the people who are reporting folks who have self managed abortions or in the case of Brittany Watts for example being denied an abortion having a miscarriage going to a hospital trying to receive care and then being reported by a doctor who is under the –wrap your mind around that. Like that miscarriage of justice is so many layers deep. But what I wanted to say, and this is kind of like a weird circle. So. That's why SYA has long been really vocal advocates of independent abortion providers. We love abortion providers. We work in solidarity with clinics all over the country. I have long been on the board of [Abortion Care Network](#) which represents and serves indies [independent clinics] all over the country. And I have just become the co chair of that board actually, which is an incredible honor. And it's great because we are getting so obsessed with this concept of the medicalization, right? We are looking to things – like your book – into friends that we have all over the country who are really making us know that we can be our own abortion providers. And we have what it takes. And it's my relationships with those independent providers that have really informed my confidence in us to do that thing.

And another thing too is that we really need abortion providers. For 2 super obvious top level reasons to me. The first is care later in pregnancy, right? The second, which as you said, abortions in the second trimester totally happen.

**NB:**

Hmm. Yep.

**AB:**

It's a different thing than what you're talking about in your book, primarily people can do it and need to know how to do it. And also it's not ideal to do it at home with pills. Probably most would say.

**NB:**

Yes.

**AB:**

The other reason why I think it's so important that we continue to support and uplift and protect independent providers at all costs is that there are independent abortion providers that still have their doors open in heavily restricted states who are providing miscarriage management to people who have some kind of pregnancy loss, whether it be miscarriage or maybe they took pills, but they need help and we need for those people to have a local independent, community-led abortion clinic and those are the safe providers, you know. So I think it's just an important thing to remember that this is an ecosystem.

Indies are a part of that accompanying models hotlines, abortion funds, all of these are a part of that, a company models, hotlines, abortion funds, all of these things, but it's got a company and models, hotlines, abortion funds, all of these things, but it's like not a magic bullet situation where it's like, let's all learn how to talk each other through pills and then we'll figure out how to live through this, you know?

**NB:**

Yeah. I mean, pills should be one option. Right. But nobody should be if somebody wants a procedural abortion, they should be able to get a procedural abortion. Right? It's not like we can't. Self-managed abortion is incredibly important as an option and as a way to take control under circumstances where control is being made incredibly difficult. It's a pathway to autonomy and self-determination. And you know, and that's incredibly important.

But nobody should feel that that's their only option. If somebody wants a different kind of abortion, they should be able to get that. You know, and yes, it's And, you know, later abortion care is and later pregnancy care is incredibly important.

And, you know, and, and the thing we all need to remember is that it's all a miscarriage.

**AB:**

Right.

**NB:**

Right. There are abortions and miscarriages. They're all a miscarriage. Okay, there are induced miscarriages and there are spontaneous miscarriages, but It's all, I mean, granted, a procedural abortion is a different beast, but if we're talking about pills it's all a miscarriage. And miscarriage management is legal everywhere in the world, including in Texas.

**AB:**

Right. And Naomi - I'm alluding to the fact that people in in restricted states who use pills should not ever tell medical, you know, people in hospitals, medical providers that they took pills and there's not any reason to because what is happening medically and to this person's body is like identical to a miscarriage and there's not a way for a provider to know.

**NB:**

But a person took pills unless that person took them vaginally, in which case there might be residue. So 2 important things to remember, if you're in a restricted environment you should be taking the pills sublingually under the tongue or in your gums, but not to be used vaginally. I have heard repeatedly that taking the pills vaginally reliably leads to less nausea and cramping. So I think that you know it might be safe to suggest that to someone who is not in any kind of legal risk. If they're up for that, it seems like people think that, it's like a better option.

**AB:**

I wanna ask you a question from the Q&A from Andi. "Are there any collectives or organizations that I could share in states who provide crossover services of abortion?"

**NB:**

Access, harm reduction, sex education, etc. Oh, so to some extent the answer to that is that there are some coming together of abortion and harm reduction, but that tends to be in places where It would not be in anybody's best interest for me to give the name of the organization out loud. I think one organization that can be talked about is [HIPS](#) in DC. Which is a sex worker advocacy organization. And HIPS is down with self-managed abortion and I think they are actually part of the GLC. It's a part of a network of folks talking about self-managed abortion at this point. Oh, so, so HIPS is visible and safe.

Oh, there is also some work that I'm involved in and other people are involved in with the [National Harm Reduction Coalition](#). About trying to get information about SMA into their standard health education portfolio. I suspect that there are a fair number of people who are starting to do crossover. I mean, at somebody I know in North Carolina where abortion is not completely banned but is more restricted than we would like has said that, you know, pretty early on when restrictions after after Dobbs, when restrictions started hitting all kinds of places, that alliances and conversations began to form between some of the reproductive health clinics. And some

of the harm reduction outreach. Sort of on the grounds of okay you know the reproductive health clinics realizing just how marginalized they were becoming and they better know who else was in that territory. And, you know, so they began to make alliances with groups they would not have previously done.

Oh, you know, my standard talking point on this one is you know, go forth and do it. If it sounds like a good idea. Then, you know, start talking to folks and start. Making connections between people in your vicinity.

**AB:**

And yeah, so I guess that leads to a good question. I'm sure you get all the time about this book, which is like, what if people want to start. A hotline, an accompaniment collective. An SMA distro collective. I mean a pill distro collective.

**NB:**

Yeah. Okay, Pill distro is a whole different world. Okay, because there is no way to make pill distro legal other than by prescription. Right? There are pill distro collectives, right? I mean, we know that. But that doesn't mean that there is some easy way to legalize that. There are people who are taking those risks and who are managing it and who are doing it in ways that don't draw too much attention to themselves.

And I have huge respect for that. In terms of wanting to start a hotline or an accompaniment collective, I mean the first thing to do is get yourself and your friends trained. And the easiest low hanging fruit on training is [SASS](#). Self-managed abortion safe and secure. They do training. Abortion pill info.org. And request a trainer. And they will work with you to set up a training. Get your crew, get your crew trained.

They can talk to you about how to run a hotline. There is one hotline in the United States. The things I would say if somebody wanted to do it, get yourself trained from SASS. They know what they're doing. They are some of the people who train people all over the world. Get a real heart to heart with someone about where you are, what it is you're thinking of doing, and what legal territory you're on and what they can tell you about what they know about the details of your particular location and situation and also talk to [Digital Defense Fund](#). Because activists need to have their digital situation in order.

Right, it's fine to say that. You know, that people who are having abortions have been reported rather than tracked through their socials or whatever. But activists who are doing this work really need to know how to keep themselves safe digitally. And Digital Defense Fund. So I would say, you know, get your peeps together. Talk to those, get yourself through a round of training, and this is

how all the Latin American collectives start. Right, they get a bunch of people who wanna do it and then they train and train and train and train. And then they launch after they have done all of that.

And you know, I can tell you that the hotlines have just one phone.

And it needs to be visible and public and known. And it just gets handed around to different people. Accompaniment Collectives often have a public phone and a private phone. So there's a very visible public phone so that somebody can reach them initially. They get screened and then whether it's a burner phone that gets trashed every X number of months. Or whether it's a long-standing second line depends on where people are. So because there are more personal relationships with a company, there's a little bit more, there's a 2 layer of protection. The hotline you just have to make sure not to say anything that's prosecutable.

**AB:**

Okay. And I really like how in the book you make a distinction between like activists and anybody who cares about this being really loud about the fact that the thing is possible and happening and people have options no matter where you live and abortion pills are available by mail in all 50 states and are safe and effective and used all over the world.

All of those things but being quiet about the actual individual acts of abortion that we are supporting. And that's so obvious but I really appreciated the way you laid it out. I feel like you know, and you kind of spoke this a second ago, like, there is a lot of risk aversion at the institutional and movement level in the United States that I think unfortunately is a part of the reason why pills, you know, haven't been more widely known about. It was just clear that organizations who had lawyers and general counsel advising them were not going to be ever acknowledging the existence of self-managed abortion.

And you know, that's still the case like it's probably your if you turn on MSNBC and you see a talking head who's like a figure head of main mainstream repro org on the news It's unlikely that you will hear them even speak in a way that acknowledges SMA as a potential. And in fact, they might speak in a way that implies that the only access that exists is in a clinic, and if it's legal. And that framing has got to change and it's folks, activists and advocates, the kinds of people that are listening to this call, all of our voices together can help elevate this.

**NB:**

Yeah.

**AB:**

The reality that pills are safe and effective and blah blah blah blah blah and like shouting that from the rooftops. Is not the day that that becomes illegal You know, we should all be burning down. And we probably should be for that. But you know what I'm saying? It's like 2 different levels of communication.

**NB:**

Yes. And we, you know, yes, we need to keep. We need to keep both of those differences in sight at all times. And to think about when the most public voice, what can the most public voice do? Someplace that is nowhere near anybody who is actually having an abortion. Right. Go scream over there. Well, somebody because somebody is doing something over here that should not have a spotlight cast upon it.

**AB:**

And, and yes, and constantly sort of thinking together about What how do we use this? How do we use this? So, speaking of it, how do we use this, I interviewed another brilliant author the other night, Angela Hume, who just wrote a book called [Deep Care](#). /this book Deep Care is a really wonderful sort of a compliment to Naomi's book because it's about a collective primarily in Oakland. It's a group of women, primarily queer women, doing manual vacuum aspirations in the seventies and eighties.

And so it's like Angela's book is about manual vacuum aspirations in the United States. Naomi's book is about pills all over the world and these 2 books together give us so much to think about. A thing that I wanted to ask you is how many of the collectives that you were lucky enough to immerse yourself in globally – do MVA? Or like were you familiar with that, or is that something that you saw?

**NB:**

Nobody does that. It's, you know, nobody does it because it's You know, it's a great option. And it's also known as menstrual extraction. Particularly when done by feminists. And you can DIY your own equipment, which, and she's really, I mean, she does a deep dive into a collective that did a lot of extraordinary political work.

Oh, and really created clinic defense as we know it. In addition to doing MVA with folks. But. You know, MVA requires a bare minimum of 2 people. You cannot do it yourself on yourself. And it requires some equipment. And. You know, it's so if you're talking about outside the system.

**AB:**

Yeah.

**NB:**

DIY outside the system at this point pills are just easier. And so I think that's why nobody does MVA is because it's like you know. It's easier to just use pills. There's certainly a reason to learn how to do it, but it requires you know, 2 to 3 people being together in person in order to do it. So, which is very different and it's also really hard to DIY. Even at the end of the first trimester. I mean there is a reason why it was called menstrual extraction.

**AB:**

Yeah.

**NB:**

When it was being done in the community, is that with that kind of setup that you can create yourself from the hardware store. It's really hard to do. You know, and I'm not sure exactly what the crossover point is, but as you get through the first trimester, it gets progressively harder and harder.

**AB:**

Right.

**NB:**

Right, which also makes it less practical because most people are not Like, oh, I'm 5 and a half weeks pregnant. I'm 6 weeks pregnant. Let me go extract this. Most people are even if they know at 6 weeks that they're pregnant, they don't get to the point of being able to Do something about it for another 2 or 3 weeks and in 8 or 9 weeks you're totally easy.

**AB:**

Right.

**NB:**

With pill. You're not totally easy with menstrual extraction in 8 or 9.

So. I'm hungry.

**AB:**

I want to wrap us up on time. I could have a whole other conversation. Yeah, you go eat dinner.

I could I think that one of the most interesting things about Angela's book is she deals with sort of this concept of liminality and how we're all used to thinking about pregnancy as this binary and abortion as this totally separate thing than a period or a you know, like, just wanted pregnancy or a miscarriage and that all of these delineations are ultimately put on us by patriarchal conditioning and that you don't even have to know that it whether or not you're pregnant to end your own pregnancy maybe, or just get your period – like there are lots of different ways to look at this into, address this that are outside of the system like philosophically in a way that's like quite interesting.

**NB:**

Yes. And you hear this, I mean, one of the - we call them abortion pills. A lot of people who are doing this work call them abortion pills.

**AB:**

Right, right, right.

**NB:**

But there's an older language that intersects with this about bringing down on a period. Right, and there are still people who occasionally, strategically, will use that language. And, you know, and I was, I'm teaching a class on reproductive justice at Brooklyn College right now. And we started going through, you know, some of the historical stuff. You know in the late 18 hundreds abortion wasn't in the loss of a pregnancy did not take place until quickening. Right, when the pregnant person feels the fetus move. That it was after quickening that something was an abortion.

Before that, Was there a pregnancy? Was it lost? How was it lost? You know, and the beauty of the quickening, the old quickening boundary is that it is about the person, the person who is pregnant is the one who knows when quickening has taken place.

**AB:**

Their subjective experience is the defining one. Yes.

**NB:**

Yeah. Yes, that is what is central when somebody who is pregnant says it's moving.

**AB:**

Right.

**NB:**

Right, that's when you cross over into new territory. Before that. It was, yeah. And, and you know what, I think as far as we're both concerned, you still have the right of way. Okay. Yeah. Yeah. You know, whether it's moving or not. That's probably in a great way to close us out.

**AB:**

Naomi Brain, you're so brilliant. Thank you for this beautiful book. We hope that everybody reads it.

**NB:**

Thanks.

**AB:**

It's an incredible organizing tool. It will help you understand that not only do we have to figure out how to do this, but we're gonna make the world better when we do. And we will. Hopefully be able to build something that was never actually delivered to us by, you know, the false promises of this fucked up capitalist medical system and these horrible laws that exclude poor folks and people of color and so many other people. So let's learn how to take care of each other outside of the system.

Naomi Braine, thank you so much for being with us.

**NB:**

Thank you. Thank you to all of you for being interested. And I hope that you find useful things in all of this to take with you to wherever you are and wherever you're going.

**AB:**

We will, we promise. That's how we will respect your work. Thanks Naomi.