

This interview has been lightly edited for clarity.

AMELIA BONOW:

Hi everybody. Thank you for waiting around to join us for Abortion Academy. My name is Amelia Bonow. I use she/her pronouns and I'm the executive director of Shout Your Abortion. SYA is a nationwide organization working to normalize abortion and elevate paths to access regardless of legality. We make resources, campaigns, and media intended to arm existing activists, create new ones, and foster collective participation in abortion access all over the country.

And the world for that matter, I would say. Thank you so much for being here today with us. I believe this is our eighth or ninth installment of Abortion Academy and each of these monthly webinars are presented by one of our exceptionally brilliant colleagues whose work we want to introduce to our larger SYA community. We hope that Abortion Academy will deepen your knowledge, propel your curiosity, help you connect some of the dots between issues you're navigating regionally and what's happening at the national and even international level. And ultimately, to give you fresh ideas to take back into your community.

Audience members will be off camera and muted for security reasons. But we will have a format for you to ask questions throughout the presentation in the Q&A box. Lara will begin answering questions after about 30 or 45 min of speaking and then I'll jump in and ask Lara some questions as well. And also, if you hang out until the end today, you will be entered to win a fabulous SYA prize in a raffle.

So without further ado, today we are going to be hearing from Lara Inslinger and we're so proud to say that Lara was SYA's former intern. When was that, Lara? Summer of...

LARA INSLINGER:

2022.

AMELIA BONOW:

No big deal. And she was phenomenal, like just one of the most bright, capable, motivated, lovely human beings on the planet, and was in grad school and doing various kinds of activism all over the world really. Lara's research and activism focuses on self-managed abortion and the expansion of the accompaniment model of care to the US and Europe.

Lara works closely with the Mexican organization, Las Libres, as well as other collectives and mutual aid groups that are part of the cross-border network providing free abortion pills and support to Americans all powered by feminist solidarity. She is also the care coordinator at Abortion Freedom Fund.

And today, Lara is going to be talking to us about community networks. And this really just could not be any better timing. We, of course, had a big week this last week with the Supreme Court hearing. The Mifepristone case.

And one of the reasons that SYA is sort of a baseline position on all of that was, yeah, this could be fucked up, but we're not investing too much energy in tripping about what these losers are doing is because community networks and alternate sources of abortion pills are plentiful. They are functioning. They are here to stay and new data also released this week has shown us that tens of thousands of people are safely accessing abortion through these channels and that we were having thoughts like: what if just a fraction of the time and energy and resources that movement organizations and lawyers and bureaucrats in politicians and concerned people and activists?, what if just a fraction of that attention that we are spending freaking the fuck out about this Supreme Court case was spent elevating the incredible reality that is community networks?

So, without further ado, I'm so happy to hand it over to Lara.

LARA ISLINGER:

Yes, thank you, Amelia. I'm so happy as well. I feel really honored to be part of Abortion Academy and I'm gonna dive right in and try and share my screen.

As Amelia was already saying, I am sure that we all saw the headlines about the Supreme Court case about how people can access mifepristone, one of the two abortion pills, because the hearing was on Tuesday and it even made the news here in Germany. But there was a lot of misinformation so there are a couple of things that I want everyone to keep in mind.

First one is that nothing is changing with abortion pills right now. The Supreme Court can basically make a decision whenever they want, but we're expecting it by the end of June. Also, I think everyone here probably knows this, but the case is not based on any reliable medical information about abortion. Abortions with a combination of Mifepristone and Misoprostol but also Misoprostol only are safe and effective and many providers are also prepared to make the switch to Miso-only protocols.

Regardless of what the Supreme Court says, abortion pills are here to stay- I think Amelia just said that-and abortion seekers will still have options.

It is true that the decision might affect the availability of telemedicine. It will not affect anything other than probably raising the demand for options that exist outside the formal medical system which is what we will talk about today. And one more thing, don't wait for the decision.

You can order abortion pills before you get pregnant just in case you need them in the future, which is absolutely not a bad idea right now. [Aid Access](#) is a provider that offers this and it's called Advanced Provision and they ship to all 50 US states. Most community networks do not

offer this option because they have limited resources and those are for people with unwanted pregnancies right now.

So if you're confused about the terms that we are using- I know that there are a couple of people from Europe here- I made this graphic explaining the spectrum of options through which people are accessing medication abortion in the US, not just procedures.

One option is in person at a clinic or pharmacy. Most of the time, the Mifepristone pill is taken at the clinic and starting 24 hours later, Misoprostol pills are taken at home to induce the bleeding. The cost of this can vary but a medication abortion at a clinic can cost up to \$800 and there are abortion funds that can help pay for this.

The next option is telemedicine, which is a sort of online clinic with US license clinicians who can ship pills after a brief online forum or a phone call and this costs around \$150 and Abortion Freedom Fund can help if this is a barrier. So these providers usually go up to between 10 and 13 weeks.

Obviously, these two options are for the most part only available in states where abortion is legal. If you're in a state where you can't have a legal abortion, it might be an option to travel to your clinic out of state, but there are many reasons why people can't do that such as costs associated with travel, childcare, loss of wages, also controlling partners or family members, being undocumented, being disabled, and many more.

So another option and this is what we will focus on today is that you can get abortion pills mail to you and have what's called a self managed abortion. The two ways you can get pills in this case are through websites that sell abortion pills. They'll start at \$36 plus shipping. And accompaniment collectives or community networks that send pills for free and provide support throughout the process.

Either way, you can take the pills on your own or you can get support from hotlines like Reprocare or the Miscarriage and Abortion hotline, from abortion doulas, and from accompaniment collectives. If you're looking to get pills mailed, Plan C has a great website, and they list options in all 50 US states.

They have four suppliers of abortion pills featured on Plan C. You can see them down here: in person, online clinics, websites that sell pills, and community networks.

Before we start talking about community networks, I want you to take a look at this map really quickly. It's the interactive abortion policy made by Guttmacher with an overview of the states that are restrictive and protective. In the US, community networks are mostly focused on states that ban or restrict abortions. And since the Dobbs decision, 14 states have implemented total or new total abortion bans and two have six week bans, and there are many more restrictions.

Community networks are networks of volunteers in the US that ship generic abortion pills for free. Those are the same pills that you would get at a clinic or through telemedicine. And they also offer accompaniment or doula support. You can see a map of those that are listed on Plan C here on the slide.

There are more networks that aren't listed on Plan C, like many Mexican collectives, and those also shipped to all 50 states. And protective states the majority of requests that they get are from undocumented Latin American migrants that cannot or are scared to access in-clinic care. We will talk about accompaniment later but this map shows community networks that are on Plan C only.

And as we can see, there are a bunch of states, the green ones that are covered by the US team of Los Libres. There is Access Aid, there are smaller groups like We Will Save Us, Idaho access, and Alright Together. So again, these groups are listed on Plan C, and they usually require that you send them an email to order pills and provide information.

Sometimes the email address or their website has kind of a different name, but it's still legit. You want to make sure some of them are listed on the Red State Access website.

If you're looking at the red state access website and you scroll down to their list of states, you will see that some of them are currently out of funding and that works listed on this website alone have the capacity to provide 5,000 abortions per month if they have sufficient funding.

So I made this map to show you what that landscape would look like. So if they had the funds. And if you remember the Guttmacher map that I showed you, this would mean coverage of all states that are classified as restrictive by Guttmacher.

Keep in mind an abortion with the community network costs them less than \$10 so every dollar counts and if you want to support them we will share the link to their [Go Fund Me](#) campaign in the chat.

This is the study that Amelia was already talking about. Some of you might have already seen it. The study came out this Monday and they looked at abortions in the US outside the formal health system after the overturn of Roe. They looked at three different kinds of providers: community networks, telemedicine, organizations that provide pills with the aid of clinicians outside of the US like aid access and online vendors selling pills.

You can see in the graphic the results confirm something that we basically already know, which is that courts cannot stop people from getting pills and self-managing their abortions. And the researchers estimate that in the six months after the dobbs decision, these informal providers supplied almost 40,000 sets of pills. A 300% monthly increase compared to before, and about half of those were through community networks.

I know that only some of the networks participated in this study and I would estimate personally that the total number of abortions through accompaniment and commute networks since SBA since late 2021 is now at almost 100,000.

One problem that community networks face is that people question their legitimacy. I have to say that I kind of get that if you're a person that has been turned away from other providers, maybe even experience the CPC, a fake clinic, it can kind of seem too good to be true.

So if you want to support them, it really helps to explain that the networks are legit, they're a reliable source of pills, and to also spread information so that people know what to expect from the process of getting pills from a community network.

So what is it like having an abortion through a community network? As I mentioned, you can find most of them on PlanC, and you can send them an email requesting abortion pills. They will require some additional information like how many weeks you are, the last first day of your last period, your shipping address and sometimes more.

And it's always important to encourage people to practice digital security to get a proton email address to clear their browser history and it's always important to encourage people to practice digital security, and more.

Okay, so once the network has confirmed that they're sending you pills, they usually send you a link to instructions, how you check the pills, and provide you with the option of contacting your support person. For example, Las Libres will give you the phone number of a member of the abortion support team that you can contact through signal, and they ask your medical questions. They can also provide emotional support through the process.

There are other networks that work with abortion doulas that can provide a similar type of support via text or phone calls or they can even do in person visits.

So when I talk to people providing this type of care, the top two questions that they are getting is when will my packages arrive and is the packaging discreet.

With shipping, it normally takes one or two weeks for a package to arrive. And while the mailing can look different for every group or even volunteers that do it, all the networks that send pills do it in an unmarked envelope. This is important for people that live in environments where they're controlled by a partner or by family members, but it's honestly a safe option for everyone. These are two examples of what it can look like but keep in mind that it can vary.

So what's inside the package? Well, abortion pills. Usually for under 12 weeks, networks send either one Mife and six Miso or one Mife and 12 Miso. For pregnancies that are further along, they send more Miso.

Very few volunteers now include instructions or other items because of deniability, but some do and so there can be other stuff in there like painkillers, dramamine, ginger tea, pads or even little gifts. It's important that we spread more awareness about the different ways that the pills can look like. So most networks send loose pills like this. They can come in these little baggies that you can see right here, the black one.

There are also the blisters, the one in the middle like this. And again, it's really important to share that Miso can be different shapes other than the type of like honeycomb shape that we see sometimes online because that's also a question that they get a lot.

Many of the community networks that have popped up in the US are inspired by a practice called abortion accompaniment. And I wanted to provide you with some context about that. Abortion accompaniment is a community-based model of abortion care developed by Latin American feminists in a context where abortion is legally restricted, but misoprostol and increasingly also mifepristone is relatively easy to get.

I don't know if some of you maybe saw the last session of abortion academy with Naomi Braine -that was really awesome you can still watch the recording-but Naomi explained during the last session how Latin American feminists have spread information about how to use Misoprostol alone or in combination with Mifepristone to safely induce an abortion at home, facilitated access to these medications. And provide compassionate care and support throughout the process. Regardless of the legal restrictions and at least since the early 2000.

This happened kind of in response to the failure of the governments to provide abortions. Activists are using autonomous and de-medicalized approaches based on a shared understanding of self managed abortion as on one hand evidence base but also a practice that is caring and free of violence, stigma and judgment.

If we want to understand accompaniment, we have to see it in the context of the Marea Verde, which is the dynamic movement advocating for the legalization of abortion and also many other things across Latin America.

The Green Wave has been credited with pushing governments to increase abortion access in Argentina, Columbia, Ecuador, and Mexico by combining strategies of legislative advocacy and grassroots activism.

So within this framework, the practice of abortion accompaniment has emerged as the key strategy of resistance and reproductive justice in a region where abortion is heavily criminalized, but abortion pills have become pretty much widely available. In this sense, the practice of self-managed abortion accompaniment is more than just a safe and free alternative to clandestine providers whose primary motivation is profit. It also promotes PHP learning, socialistic de-stigmatization of abortion and radical political change.

If you're wondering about the safety and effectiveness of accompaniment, the research institute, IBIS did a study with collectives from Argentina, Southeast Asia, Nigeria, and the result was that 99% of miso only users and 94% of MIFe/miso users had a complete abortion without procedural intervention with the support of accompaniment groups.

In Mexico, Las Libres has been at the forefront of building networks of self managed abortion accompaniment with over 20 years experience. Las Libres is a feminist organization founded in the year 2000 in Guanajuato, Mexico and they're the organization that my own research is focused on as Amelia already told you.

I spent some time doing work with Las Libres both this work and last year. Los Libres has an accompaniment model that's called Madeleine de Gurealde, Acompañamiento, Parona, Potosi, G, and the protocol is based on the WHO's recommendations.

It essentially revolves around the creation of a horizontal dialogue between peers, one who is self-managing their abortion and another person who has experienced supporting this process either in person on the phone or over text. The system is based on organic growth, so those who receive accompaniment can be recruited as an accompaniment themselves.

The Las Libres accompaniment model has 3 dimensions. The first one is the emotional dimension. Providing emotional support as you're accompanying someone before, during, and after their abortion.

The second dimension is called Communicative Relational. I really like what Naomi said in the last session about accompaniment being a commitment of one person to support another person and establish this relationship of trust and compassion to support another person.

And then the third dimension is the social political dimension. Las Libres viewed the process of accompaniment as a political act and they emphasized their conviction that access to legal free and safe abortion is the human right for everyone everywhere.

Accompaniment is also a factor for something called social decriminalization, which is the idea that because of the widespread practice of self-managed abortion and accompaniment. Abortion is increasingly de-stigmatized in Mexican society, which contributes to the formal decriminalization and abortion law reform.

Speaking of, in September 2021, the Mexican Supreme Court paved the way to decriminalize abortion. You probably saw that in the news. Abortion is no longer a federal crime but criminal law varies by state in Mexico. So as you can see on the map, there are still only 10 states where abortion is legal, up to 12 weeks after conception and those are the green ones on this map.

So more recently- you probably also saw that in the news. In September 2023, the Mexican Supreme Court ruled that national laws penalizing abortions are unconstitutional, but there is still a lot of further legal work to be done to really decriminalize abortion on a state level.

And also problems with access remain everywhere in Mexico. So accompaniment is still very much needed and still very much happening, and currently, there are over 350 local collectives providing accompaniment in Mexico. It's also important to keep in mind that misoprostol is available at most pharmacies in Mexico over the counter.

So if we go back to September 2021, we remember Texas passed SBA, the six week ban, and the fall of Roe was kind of on the horizon. At that point, Las Libres started shifting their attention to the US and they initiated the cross-border network, the Red Transfronteriza that, together with accompaniment collectors from the border region, there are over 350 regional networks and many of them are also operating in the region close to the US border. They had already been accompanying people, mostly Mexican migrants across the border on a pretty small scale.

Other institutions that are part of the Red Transfronteriza are also feminist organizations on both sides of the border and community networks. And I loved how one Las Libres activist kept the decision to expand to the US in one of the interviews that I did for my thesis.

I would put the quote on the slide: "We were thinking, we did this in the worst contexts in Mexico, Why not in the US? So we held a first meeting in which we called together several organizations to form this cross-border network. And then when the fall of Roe v Wade came, we were already on the right track."

So since that point in time, the network has recruited hundreds of American volunteers and they set up a grassroots system fulfilling dozens of requests for pills and accompaniment every day. What I focus on in my research is how they are adapting the accompaniment model to the US context.

And on this slide, you can see the kind of original Las Libres process of accompaniment from the initial contact being made with the network through a phone call or a conversation in person. Then having a deeper conversation on the phone or in person where the accompaniment explains the instructions, and addresses concerns and questions and emotional needs. Then getting the pills either from the network or from the pharmacy, and providing accompaniment through this whole process.

On the left you can kind of see the Americanized process of the group of US volunteers that have now taken over the Plan C for Las Libres. This is their process and it's a process that is very typical for a US community network like I explained earlier.

So you submit an email request, you fill out an online form with your information, you get the pills mailed and then you receive support over Signal messages. I truly think that this model is

still very much inspired by accompaniment and that by creating a judgment-free virtual space on Signal, it promotes de-stigmatization on an individual level. But it is a little more fragmented and not as peer to peer as the practice in Mexico.

The Mexican Las Libres also provide accompaniment to people from the US by text because their phone numbers are already circulating there, but they do it on a pretty small scale and it was really interesting for me to learn about their experiences and insights during my research.

Many of them told me that they perceive a very high level of fear and stigma in the US, specifically in relation to self-management and more de-medicalized approaches, and that it reminds them of interactions that they had with abortion seekers when they first started out doing accompaniment over 20 years ago in Mexico.

And another thing that I found interesting that they told me is that when they decided to take on the US, they were thinking about supporting migrants from Latin America. They were saying our women because they knew that those would be hit hardest by restrictions. But then they were surprised when the majority of messages they received were in English, and I would say that the majority of requests now are from young Black women.

And for the time that I was there, I did the math and I would say that they were approximately 80% messages in English and 20% messages in Spanish. And in this graphic you can see a bit of info about the gestational age. Again this is a very small sample.

The sample size of the Mexican Las Libres. They don't really keep a lot of data in order to avoid criminalization but you can see that the overwhelming majority of abortion seekers are very very early sometimes too early because the pills actually work better after six to eight weeks, but there's only a small amount of people over 15 weeks about 2.2%. And then 0.4% of which are over 20 weeks. My feeling is that requests for abortions later in pregnancy have increased a bit over the past couple of months for all community networks.

And those are typically very vulnerable groups. I mean, I talked early about barriers to accessing in-clinic abortions earlier and those don't disappear because someone found out that they were pregnant later or experienced delays because they were struggling to find an option, they were turned away from other providers, etc.

So one last issue that I want to address is avoiding criminalization. I forgot to add the source to this, but this diagram is from the ["if/when/how"](#) report about self-managed abortion criminalization and as you can see, the majority of people criminalized for self-managed abortions who are reported by people they know.

26% were reported by acquaintances. 39% were reported by healthcare providers. It is very important that we continue to raise awareness that currently in the US, there is no way to detect if you induce an abortion with the pills or you had a spontaneous miscarriage. The treatment is the same.

Unfortunately, I think if you look at this data, we have to recommend that people in restrictive settings do not tell anyone about their self-managed abortions. But in the conversations I had with people who provide accompaniment, what comes up all the time is how alone people they are in contact with feel and I think that for this reason, it is so essential that those of us who can be allowed and who can spread information do so.

It's not like the members of community support networks can come up publicly and talk about what they're doing either. So it's really important that other activists step up and learn about their process to be able to reassure people, spread this type of practical information that we learn today and show solidarity and support for those providing and receiving abortion care through community networks.

Okay, that's it. I wanna thank you all for being open to learning about community networks. And I also want to say that I appreciate all the people that spoke to me for my research.

I wouldn't know any of this if it wasn't for them. And I think I'm gonna stop sharing my slides if no one has a specific question about them and see what other questions come in?

AB:

Hi Lara, that was so good.

LI:

Hi.

AB:

Hi. Thank you for all of that info. I don't know if you want to look in the Q&A and maybe start with clarification.

LI:

I believe that we showed this one with the Q&A yes but not with the chat so I believe that we were supposed to share both websites. It is true that there are two different websites for the Mexican organization and the network of Las Libres that is focused more on providing support for the US. So there is a website, <https://laslibres.org/>, which is for the US, and the website <https://laslibres.org.mx/>.

They do a lot of things other than abortion accompaniment. They also provide legal support for women and children experiencing domestic violence.

AB:

Thank you. We've got a couple of questions about accompaniment. So maybe you could talk a little bit about, how you think of accompaniment versus support, and also how someone might learn more about becoming involved with accompaniment.

LI:

Totally. I think that there is no actual difference between accompaniment and support. I think that accompaniment is a term that is not as common in the US currently so I know that some of the networks opt for calling what they provide, support just so that it's more clear for the people looking for support where they can find it.

I think that one thing that is essential is a little bit of what Naomi also explained in the last session that accompaniment is the commitment of one person to provide support throughout the whole process of someone's abortion, and is also really characterized by the organic growth element and this idea that you can become an accompaniment so you can provide that type of support after you've gone through the process yourself.

And a lot of these factors have become a little complicated as the groups decided to expand into the US, primarily because it is more difficult to get abortion pills in the US than it is in a lot of Latin American countries. And this kind of peer to peer recruitment system isn't working anymore to avoid criminalization.

So I think that there is a little bit of a fragmentation affecting this that, you know, you have to email someone, you're not in contact with your support person from the minute that you approach one of the networks, and I still think that they have a lot of similarities. I think that essentially, for example, what Las Libres creates with the Signal chat and support team members is essentially a form of accompaniment for sure.

AB:

That just made me think about something that Naomi talks about in her book which was that we need to be really loud about the fact that this is happening, that this is an option, that this has been utilized safely by tens of thousands of people and talking about how it works, what it looks like, what these avenues are to receive accompaniment, to use abortion pills by mail, to use the M and A hotline or repro care to find legal support, like talk about all those things while being quiet about the individual acts of accompaniment and of abortion. And I think that that's just like such a clear delineation.

And obviously, not everyone is going to be comfortable doing that top level communications stuff. Some people just will not want to be like out there talking about SMA and that's totally cool. But for those who are looking to do a kind of activism in the way they communicate about the abortion landscape right now. Just talking about everything that Lara has said today is a way to normalize this option as good, safe, reliable, supported, common, and increasingly common. You said in your presentation that the data that we saw released early earlier in the week said that 40,000 people approximately had used pills since- I forget if that research was since SBA or since Dobbs, but I think it was since Dobbs-, but you were saying that you think that probably about a 100,000 people have used pills from community networks, since SBH.

And just to put that in perspective, that's about a tenth of the number of abortions that occur in the United States each year. So that's a really significant portion of the care.

LI:

Yeah

AB:

And we have every reason to believe that that number is going to continue to go up. And, yeah. I wanted to go back. You know.

LI:

Totally. Can I just say, the 100,000 is since SBA until now and the study only looked at the six months after the dobbs decision.

AB:

Right.

LI:

So it's just a bigger interval, and they have so if they say it's 40,000 and half of them were through community networks, I think that would make it 20,000. But it's only a six month interval. So. And since 2020- 2021, we're already like two full years passed since then. So it's just like, it's just adding up, you know, but yeah, for sure.

AB:

Right. Yeah, totally.

LI:

And I think it's so important what you said about sharing information. I asked community networks what they wanted me to share and the feedback that I got was a lot of practical information, you know, make sure everyone knows what the pills look like so people can stop asking us if they are fake because they're not the shape that they've seen online before and make sure people know that this is how we send them. And I think it really shows that there is a need for this type of communication and a lot of the time the people that are active in the networks can do it. So it's even more important for us to spread it.

AB:

Yeah. Totally. I wanna get to this other question in the chat of how we can best help from Europe. But to what you were just saying- I am curious if you have any feedback or any perception of how most clients are learning about community networks, and if you ever ask that kind of thing from folks. Obviously you're focused and you're not probably engaging with people on this level, but I'm curious if you have a perception of where folks are finding the option.

LI:

Yeah, it's kind of hard to tell. A lot of the networks are not keeping a lot of data, which I think is great.

AB:

Yeah.

LI:

I know that there are some studies being done that have asked people this and I'm really curious of what will result. From what I'm thinking or what I'm hearing, they are still working with the Mexican organization, Las Libres, that still provides accompaniment in the US on a very small scale. Those phone numbers haven't been put out there in a long time, and still people have reached out because they learn about it through word of mouth.

So I think that this is really something that's not to be underestimated. People do talk, and they do talk to their friends, they talk to their neighbors, and I think there is nothing better. I know people have to be cautious but there is nothing better than someone saying I talked to my neighbor and they also want to have an abortion with Las Libres. So I think that this is a big factor. I think that social media plays a small role in it.

But I think that plan C is definitely a website that gives people a lot of options and the majority of people that reach out to networks find them through that website.

AB:

There's a lot more good questions in the chat. K is asking how you established the age and ethnicity of Las Libres pill users and I had not ever heard that. I think you said the vast majority are young Black women in the United States-

LI:

Yeah-

AB:

-Which, is amazing news considering that is the demographic that's most disproportionately harmed by abortion restrictions.

And it's amazing that the option that word of like this possibility is getting into the community of ostensibly the people that need it most. Can you speak to the methods in establishing demographics?

LI:

Yeah, so this is a question that, essentially I want to give the same answer to as the last one. My own research does not focus on the side of the person approaching Las Libres or the site of the person that approaches the network.

I think that there are ethical problems with that, and I do not recommend keeping any information on them. So I don't have any scientific method of establishing who contacts them. They don't keep any information on the race of the people that contact them. They don't keep

any information on the age of the people that contact them. I think that is actually a very defining factor of abortion accompaniment is that you don't ask any questions. All you need to know is how many weeks you are and that's pretty much it and your address if you want to get the pill shipped. So, I think that these are things that we learn if you would talk to people that provide accompaniment. I think it's pretty clear to them, but I would not recommend keeping any data on it and I know that there is research being done on that and I'm interested to learn about it but I don't want to be involved in it myself.

AB:

Another person asks 'I'm really curious as to why Lara is interested in this research, someone who's not based in Latin America or the US'.

LI:

I think that honestly this just happened because I was present in the US, working for Shout Your Abortion during the Dobbs decision and we were putting out so much important information and content. I believe that around the time we were working on the campaign in response to the decision, there was research coming out that only one in five people in the US even knew about the existence of abortion pills and how important it was to spread that knowledge.

And I think that we were able to have established tools that we can give to other activists. But on the other hand, there are people in red states that are saying 'we need actual different types of support'. And I had gotten really curious about how to help the people that were going to be most affected by the decision. And I think the moment I decided to go to Mexico is when we went to Poland and the amazing activists that we met. About how global this movement is. And you know them saying, yeah, we know Las Libres and they're cool and we trust them really make me feel curious about going there, and made me feel great about going there and feel like, no, I want to meet them. So.

AB:

I wanna meet them.

LI:

It was really just a lot of coincidences that led me here. I think there was also someone asking how to support from Europe, and I think that one thing that I want to make very clear is that Europe is not the paradise of abortions.

There are so many people that have asked me from the US or even from Mexico. The Mexican Las Libres has asked me: so, is everything good with abortion in Germany? And that there's always maps saying abortion is legal in Europe, but there are gestational limits and access isn't great.

And there are people accessing abortion through pills in Europe as well. And through organizations like Women Help Women or Women on the Web. So I think that if you want to be supportive inside of Europe, there are people that you can find like Women Help Women, like Women On Web that you can find if you want to support people locally.

If you want to support people in the US, you can make a donation to Las Libres, you can make a donation to Red State Access, and you probably know someone in the US, and you can tell them about abortion pills.

...And, I know that we have something, a project coming up where we maybe can give people the opportunity to share their story, which I'm very, very excited about. But what I found so interesting is that knowing where these organizations sent the pills, there are probably people that go to the same supermarket as you that have also gotten pills from Las Libres and there's probably people that live on the same street as you that maybe also have gotten pills.

So I think that if people would talk and if there would be more awareness that this is a safe and normal method of accessing abortion, that would be very powerful in terms of de-stigmatization as well.

AB:

Yes. Yeah, and SYA is very, very excited to be working with Lara and we probably won't say much about this project right now because it's just barely getting started, but we're really excited to be working on a campaign to help people be able, and to give people an option to talk about their experiences anonymously who have used community networks and who have used Las Libres because I think that you're right. That is the way to normalize, ultimately, I think, is to share experiences but obviously it's a tricky thing because of the sensitivity of the information and not even wanting to capture people's data.

And to that point, I see a person in the chat asking: 'don't you think that demographics of people who are requesting medications is of utmost importance so that we can better provide for that population?' Yeah, I think that everyone here probably agrees that accompaniment collectives are very interested in helping and reaching underserved populations. But, Lara, you sort of spoke to this before. I think that a part of the model which is essentially like a mutual aid model is not asking things of people. And you know similarly to a sort of non means tested financial support situation. You're not asking someone for their tax forms. You're saying you look hungry, do you need \$50? And I think that there is something that is very intentional and very values-based about making this as just truly accessible to people and without the barrier of even having to offer that information. Does that sound right to you?

LI:

Yeah, I agree. 100%. I think that we really have to closely look at why it is so often required to provide information, identifying information for the people that these networks are helping, why it is required for funders, why it is required for search, and whatever that means. I think that you really, really quickly get to a situation where someone is asking you to provide them with abortion pills, and you have to decide between a 'no questions asked' approach or asking them if they can participate in a study.

I think that if you're in a situation, then what are the chances that you're gonna say no? So I think that this is a real ethical dilemma. I think that there are more and less ethical ways of doing this type of research. I just know that me, as a singular person, I can't do it.

AB:

I'm wondering if you have a resource for-

You put up a chart that said like the breakdown of gestations that are served by Las Libres. And there was a very small sliver of pregnancies after 20 weeks and there was another sliver that was, I think, 15 to 20.

People very often ask-when we talk about SMA- ask for resources that talk about abortion with pills later in pregnancy. We want to be very clear about the fact that that is a different thing that requires a different level of knowledge and sort of a different higher level of accompaniment.

And experience and just like dedication from the support person. And that we, SYA, don't feel qualified to teach or even to communicate in depth about what abortion later in pregnancy with pills is like. How to keep a person safe who is using that method? And also we want to be very clear that abortion with pills is safe throughout pregnancy and it is used successfully and safely by many people all over the world successfully and safely.

And I'm wondering if you know of any resources, links for someone who just might want to learn more about what it entails without being like, oh, I wanna go to this website and learn to accompany someone at 20 weeks.

But is there a written resource, a site, or anything that has sort of just more information about the process that you could share.

LI:

Yes, one thing. Before we focus on 20 plus weeks because there was a comment about this as well that if you're interested in learning about accompaniment, there is a great resource by IBIS.

It's called [abortion accompaniment 101](#) or like medical medication feminist, something like this. But if you type in IBS, abortion accompaniment one on one, you can find it and download it and it gives you all the basic information of what abortion accompaniment is.

And then in terms of 20 plus weeks, I think that obviously, as Amelia said, an abortion with pills is safe throughout the pregnancy. And there are so many people that have experience with accompanying abortions later in pregnancies in Mexico.

I can't think of one resource in the US right now but the research that I've done about this was mainly in Mexico and what I've learned was mainly in Mexico and from my experience a lot of

accompaniment collectives in Mexico are very helpful and very eager to provide information also internationally and to people from the US.

AB:

And we are so incredibly grateful to the folks all over the world and especially like these Mexican collectives. These folks that looked at what was happening post SBA and you know, just we're like, we're not gonna let these American women suffer and not have options like we're doing it. We're doing it anyway. And I think that there is a really strong model for transnational feminist solidarity in Latin America and in Mexico, Central South America, like those fights, those movements are connected and working in solidarity in a way that I dream of being possible for the United States. And unfortunately, it does not feel like we have those same sorts of just symbiotic organizing efforts here yet. Not to say that we don't have any, but it's just that, transnational solidarity is a very distinct model that's used there and that I think has a lot to do with you know, the green wave being possible.

And I-

Yeah, I totally forgot what I was gonna say. I just got emotional and then it made me forget. Oh, I was gonna say in the chat that someone was asking about the difference in sort of fear of criminalization between folks in the United States and in Mexico to return again to Naomi's book, she talks about the differences in promoting SMA as an option in a country where something is elite, where abortion is illegal and moving towards legality versus where we are.

Abortion was legal for 50 years and now it's being gradually criminalized across the country and there are different implications for groups and activists who are looking to promote the option and also different sorts of perceptual indications as far as the people seeking the care.

Can you talk about that a little bit, Lara?

LI:

Yes, I realized also because Erin just reminded me that I forgot if you're asking about second trimester abortion accompaniment.

There are a bunch of resources. I think one of the most important ones is the Figo dosage chart but that just has the dosage of pills and then there's also one by the Socorristas, the Argentinian accompaniment collective, and there is one by Women Help Women collective.

I'm hearing a lot that of course there is a big difference between a context that went from having abortion relatively legalized to making it illegal versus a country that is in a process of decriminalization. I think that's something that kind of impacts even more is the idea of medicalization.

I think that it is Mexican collectives' experience that it is difficult to approach a society where people are used to receiving in clinic abortions versus a society where there was never any other option.

AB:

Yeah.

LI:

For the majority of people. So I think that in this context and especially with stigma that's so specific to self-managed abortion that's a big difference.

I think that with the fear of criminalization there are other factors. I think that, of course, there's the added layer that you can't buy Misoprostol in the US, so there is an added layer of what you is criminalizable where that is frankly not legal and there is also the kind of criminal justice system that works very different in Mexico versus in the US.

I think that if you're a human rights defender, which is essentially what Las Libres is, and what Vero is that if you are at risk in Mexico and something that will help you is if you create publicity because what can protect you is being as public as you can be about what you're doing. And this is a mechanism that you can't really translate to the US.

AB:

Yeah, I understand. That's Yeah, that's a good way to put it. I think that your point about when a society is very medicalized, over medicalized in the way they the United States is, we are like fighting against people's perception that abortion outside of the medical system is a last resort and is something that's very unsafe and sketchy as opposed to, in a place like Poland, where like our friends are the abortion providers and have been for decades because there aren't abortion providers there.

And so they are not working with the same sort of collective aversion to working outside of the system. People are used to doing that. And you know, like our Polish friends would be if she was here right now would be like 'Americans'. There, I can only imagine what they were thinking about this Supreme Court nonsense because they're just like 'you are such Mifepristone divas. You don't even need that shit. The United States is obsessed with Mifestone and you just think that you deserve it and need it. Everybody else is doing just fine without it. So.'

LI:

Yeah, totally. I think that this is a little bit concerning also to differentiate between the combination and then also misoprostol only. But I think that one thing that is really important to keep in mind is that the medication abortion oftentimes isn't black and white and it's gonna need a little bit of time to know if it was successful or not in most cases.

And I think this is something that Americans really struggle with, with the culture of immediacy, and needing to know right now if it worked or not. In a lot of cases, also a lot of people that I've been in contact with, it is totally understandable that you need to know if it has worked or not,

but this is just not how it works and it is such an important part of what accompaniment and support people are doing which is reassuring people that this is all part of the process. And I think this is another piece of crucial information that we just need to spread everywhere.

AB:

Yes.

LI:

You know, just because you still have a positive pregnancy test one day after it doesn't mean that it didn't work.

AB:

Yeah, totally. I think that we're about ready to wrap up and the last comment in the chat is from another international abortion superstar who says: 'just want to say thank you to Lara for highlighting that there are issues to accessing abortion in Europe. Also, there are abortion funds in Europe also, not that it's a competition, it's a global network of people helping and we are stronger together.'

And I think that that's an amazing place to end. Don't hop off just yet because Erin's going to grab some names for the raffle and we will be in touch with you if you're a big winner.

Is that sufficient? We decided maybe to not say people's names because that's always kind of weird.

E:

Yes, that's okay. I will choose them and I'll email you and don't pop out because I have some links for European abortion funds.

AB:

Okay, cool. This has been so awesome, Lara, and it's just, I think that you know, like Erin and I going to Poland for the first time in the summer of 2021 when SBA went on the books, it felt like really, really kissmet timing in how fucked we were feeling. How fucked I was feeling about abortion access in the United States and then to be immersed in a community that's been making it happen for decades was the best possible place to be and learning more about international contexts and really rooting ourselves in the unshakeable truth that abortion is unstoppable, that abortion bans don't work. That we are smart and brave and resourceful and relentless and everywhere there are people like us everywhere, and it is going to be impossible because like SYA's Justyna Solidarity campaign behind each one of us there are 10 more.

We are everywhere. We are ready to help and abortion is just not going anywhere. I think that it's really easy for the United States to get pulled into histrionics and panic about court shit and politics and you know, that is all horrifying no doubt, but like the war on drugs was a failure, the war on abortion pills will be as well.

We are going to outmaneuver them. It's in the process of happening. And it's great to hear data from people like you who have been immersed in this work all over the world and can just show us the proof.

So it's very inspiring. We love you so much and we are so appreciative to have you in our orbit. And thank you everybody for coming to yet another Abortion Academy.

LI:

Thank you. Thank you, everyone. I am blushing. I am so thankful that I got to be part of this. I want to say because I've seen some more questions in the chat that I'm totally open to feedback and more questions. It's kind of easy to find me online. I know there are some questions that I would like to address and I also know that I have more nuanced views on stuff that I can't address in a 30 second answer to a question in a 1-hour presentation. So if there's a question that I left unanswered and you want to talk about it, feel free to contact me.

AB:

Appreciate that openness very much. Okay. Thanks everybody. Thank you, Laura. Have a wonderful rest of your day.