

*This interview has been lightly edited for clarity.*

**AMELIA BONOW:**

Hi everybody. I think that that beautiful Prince song was cutting out a little bit. Sorry about that.

Hopefully I'm coming through. Clearly, my name is Amelia Bonow and I use she/her pronouns. I am the executive director of Shout Your Abortion. And SYA is a nationwide organization working to normalize abortion and elevate safe 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.

I am so excited to welcome you to our first ever abortion academy. These are webinars which will be monthly and which will be deeper dives into some more nuanced topics within the abortion landscape. And each of these monthly sessions will be presented by one of our exceptionally brilliant colleagues whose work we want to introduce SYA's larger community, too.

We hope that abortion academy will deepen your knowledge, propel your curiosity, help you connect some of the dots between some of the issues that you may be dealing with regionally to the larger national landscape and even the international landscape and ultimately to give you fresh ideas to take back into your community.

Audience members are going to be off camera and muted for security reasons. But we do have a format for you to ask questions throughout the presentation and we would love for you to do so. Our speaker will speak for about 45 min and then we'll start taking questions and when this Zoom concludes a short survey super short, two questions is going to pop up and we would really really love if you took just like a couple seconds to offer any feedback, suggest future participants, and just share your thoughts with us. And this recording will be available after the session as will the links that we drop in the chat.

I am truly just so, so excited to be kicking off Abortion Academy with this particular presenter and this particular subject matter because even within our movement, this topic is often considered untouchable. And as a result, abortion later in pregnancy is widely misunderstood, frequently mischaracterized, and constantly weaponized by the opposition. And people who need later abortion care are some of the first to be thrown under the bus by politicians who claim to be pro-choice as we saw just yesterday as a matter of fact from the president.

I do not think that there's anyone in the country more qualified to give us later abortion 101 than Erika Christensen, who is a later abortion patient advocate and the co-director of Patient Forward. Patient forward works to decriminalize pregnancy outcomes and ensure everyone has equitable access to abortion care as early as possible and as late as necessary. Erika is also co-director of Who Not When, which is an educational project which provides information and resources related to later abortion and with that it will hand it over to Erika.

**ERIKA CHRISTENSEN:**

Hi everybody. Thank you Amelia. This is so exciting. This is like really, really cool. First, quick moment to say thank you to Amelia, to Erin, to Michelle, to everybody at SYA for sharing this really wonderful space with me. I deeply appreciate it. You all are awesome and this is great. It is a lot of material and so I'm gonna jump in so that we have enough time to get to everything and maybe get to those questions.

As Amelia said, my name is Erika. My pronouns are she/her. And I'm a later abortion patient advocate and I'm here today with my presentation demystifying, destigmatizing, and decriminalizing abortion care later in pregnancy.

So first by way of a little bit of an intro, this is certainly a case of when an issue chooses you. It was in 2016 when I was denied a third trimester abortion that I needed by the very doctor who recommended that I maybe have it, because of the abortion law in my state, which was New York State.

And I think like so many other people particularly before Dobbs. It was when I needed care that I learned what my state's gestational limit was. Especially, I think in so-called haven states where the general vibe is like we're good here. It's like then you need care later in pregnancy, I realized oh maybe you're not good here. So it was then that I realized that I was not just having an abortion. I was having an abortion at a point considered later than was acceptable, and that it would require flying across the country to a clinic, spending thousands and thousands of dollars out of my mom's 401K and then realizing immediately how lucky that we were to be able to do that.

So my abortion and my experience navigating an abortion ban definitely changed our whole lives. There's a wonderful quote by a writer and abolitionist I deeply admire, Miriam Caba. She says, 'Let this radicalize you rather than lead you to despair.'

And for us, my experience deeply radicalized us. The plane radicalized us, the money, the stigma, the judgment. When we got home, my husband Garen and I quit our jobs. We started going to Albany every other week to advocate for the Reproductive Health Act in New York and after it passed in 2019, we started working in other states including our now home state of Arizona. So greetings from Arizona.

So, my goals today with this presentation. I have three main goals. The first to offer education based in evidence and the lived experiences of people who have had later abortions and especially those who must surmount obstacles to access care. Two: to illuminate the harms of time-based abortion bans and the shortcomings of pro-choice legislation that codifies gestational limits, including viability bans. Juicy. And three, my third goal, Spoiler Alert, is to inspire you all to become co-conspirators in the fight against all abortion bans, including so-called compromises in protective abortion policy.

A very quick intro to our organization, Patient Forward. As Amelia said, we're working to secure the total decriminalization of pregnancy and unrestricted access to abortion care. We're working hard to make sure that when someone needs an abortion, they get safe affordable care again as early as possible and as late as necessary. We create educational materials, comms resources. We have a media guide for journalists. We do polling, message testing, content creation, state based advocacy. We have some practical projects we're working on to expand care where we can.

These are our four core values that I wanted to share because they're gonna guide this presentation for me today. I want to highlight particularly accountability to all later abortion seekers and patients. Because we think accountability to all later abortion patients is how we are gonna find a way to think and talk and protect this issue better.

So, let's do a little bit of level setting because I wanna first acknowledge that sometimes people don't even know what we're talking about when we say later abortion and that is okay. Sometimes people need abortion care later in pregnancy. And again, I'm gonna keep this pretty broad. A lot of this might be stuff you already know, but in case you don't, I'm gonna share a bunch of nuggets in the hopes that there's something new in there for you.

First, what is later abortion? Later is relative. Later is not a bright line. For someone seeking an abortion, it's when the gestation of their pregnancy becomes the prevailing factor in whether or how they're able to access care.

For this presentation, I'm gonna do my best to just be as specific as possible when I'm talking about abortion in the second trimester. I'm going to say that when I'm talking about abortion in the third trimester, I'm going to say that too. Given Dobbs, however, when we start to talk about the difficulty in accessing care. Given that, care after 15 weeks is just unavailable in large swaths of this country and because the vast majority of abortions do happen in the first trimester. We'll say that I'll be specific and acknowledge that we're kind of talking about post first-tri barriers. We'll say that.

While later abortions are uncommon, they are growing as a direct result of Dobbs and SB8 before that. Why? Because bans equal delays equals abortions happen later.

Why does it matter that this care is uncommon? Well, it matters because most people are not getting their information firsthand. Everyone might know someone who's had an abortion but not necessarily one later in pregnancy. And if you do, they're less likely to say so because of stigma which we'll talk about later.

So because so many people are getting their information secondhand, it means that later abortion is particularly ripe for politically motivated fearmongering and for stoking the public's imagination into a moral panic. But abortion is so incredibly common that even a relatively small percentage represents thousands of people.

Abortion is safe. Let's just keep saying that over and over. Abortion is incredibly safe throughout pregnancy.

Later care is provided by indie clinics. This is a really important part of this that I did not want to forget. When we say indie clinics, we mean clinics that are not Planned Parenthoods. Love to Planned Parenthood, but they're such a behemoth that everyone not them had to call themselves something and that is independently owned clinics.

79% of all care offered after 22 weeks are in these independent clinics when we get to 26 weeks, that number jumps to 100%. So, this is care that's being offered by the clinics with the least amount of resources and who are sort of out there doing the best they can without this kind of large machine behind them.

Specifically, what are later abortions? Like what do they, what are they? What do they look like? Well, in-clinic later abortions are either DNEs or their inductions. DNEs are faster. They generally happen more in the second trimester. They also require more training. Inductions where you induce a labor and delivery process take more time, generally occur at later gestations or in specific circumstances, including patient preference.

Either may involve a fetucidal injection. This depends on the circumstances and estimated gestation. The injection ensures that the pregnancy stops developing before extraction through either the DNE or LND.

And I'm gonna pause to acknowledge that this may be new information for folks. Or it might make you feel a bit uncomfortable, particularly if you're hearing this for the first time and that is okay. For anyone who has been through a pregnancy and maybe had an amnio and amniocentesis, it's a process that is very much like that.

The reason I'm sharing this, by the way, is because when we don't, there's a real void that is kind of left there to be filled by the nutsos and they fill it every time. So, you know, if we don't talk about what this is, somebody will and they're gonna lie to people about it.

Self managed abortion can and does occur later in pregnancy. Abortion pills are effective throughout pregnancy, not just up to the widely recommended 10 weeks in the US. Later in pregnancy, SMA does have increased risks, both medical but especially legal. If one found that about 87% of criminalized self-managed abortions that is taking abortion pills at home involve second or third tri cases.

So even though abortions later in pregnancy are a relatively small fraction of all abortions, they represent the overwhelming majority of cases where someone is prosecuted for self-managing care. And I have a whole nother presentation on that that we do not have time for today, but I wanna mention it because it's important.

If you're wondering why someone would have a self managed abortion later in pregnancy. Well, because in clinic care is very expensive and it's very difficult to obtain. That's besides maybe not wanting, you know, to get screened at by a bunch of abusive lunatics while you go to the doctor. Like, that aside, it is also very expensive. And difficult to find. Further into pregnancy, the cost of abortion care goes up, the number of providers goes down and more and more restrictions go into effect.

We have a bananas chart that is kind of showing the breakdown of exactly that. We're showing the effects of these barriers. So the dark blue line, that's the number of providers that we have in this country, and you see that it drops off significantly around 10 weeks which is the cutoff for clinical provision of medication abortion.

Sidebar, most Planned Parenthoods only provide medication abortion. So, and again, they make up a huge number of our clinics. So it declines and then it drops just to a handful by about 24 weeks or so.

The pink area with the purple that's representing bans in effect. So you see that they jump up significantly starting around 22 weeks and then again at 24 weeks. And then the orange is the procedure cost. So right around 20 weeks, that shoots up too. So as you can see, there are these points.

And when you see those lines going up and down the dotted lines. Those are showing points where a two-week delay that are represented by these vertical dotted lines...they may mean way fewer providers, more bands, and higher costs. And this does not even include the rising practical support and travel costs as later procedures start to require extra time and therefore extra practical considerations.

So what this means is that many people are just not able to access abortion care later in pregnancy. Before SB8 and Dobbs, researchers estimated that around 4,000 people a year who make it to clinics are unable to access desired abortions after being turned away from those clinics due to gestational limits. Like when they think that they're just gonna make it and then they get there and they sound over. It was estimated 4,000 people experienced that before SB8 and Dobbs. And by the way, that stat came from the turnaway study, which we're gonna talk more about later. But this was a study from years ago. So again, like everything that contributes to this has only gotten worse since the time these studies were done.

So access to abortion later in pregnancy is and has been an unmet social need. And as we'll soon discuss, thousands of people being denied abortion care is not a benign problem, and in fact has very real consequences for people's lives and for their families.

So I can't see you all out there, but I hope everyone is doing well. We are gonna transition now to our next section. I hope everybody is still with me.

The next section is dedicated to answering the most common question that we get about later abortion. And that question is: why would anyone need an abortion that late? And this is important to answer well, which is why it gets its whole own section.

It's important to answer well for two main reasons. One, we want to unequivocally squash the idea that free, easy access to early abortion could ever prevent the need for later abortions. And two, that any policy or legislative goal short of totally decriminalizing abortion and pregnancy outcomes leaves out most later abortion seekers.

The truth is that people seek abortions later in pregnancy for the same initial circumstances they do earlier in pregnancy. But many are not able to access care as soon as they would like.

And this framing, which we love, the two paths come to us from a researcher named Dr. Katrina Kimport out of UCSF. And Katrina interviewed later abortion patients, including myself. And through her interviews, she identified two common pathways through which people find themselves seeking abortions later in pregnancy. If you take nothing else from this presentation, please start replacing tragic circumstances with the two paths.

Okay, so this is a great time to like really listen to this part. Okay. So the first path. The first path is new information. New information that someone learns that makes them realize this is not or is no longer a pregnancy they can carry to term. This could be a health issue related to the pregnancy, even either for the person pregnant or for a fetal health issue. It could be an unforeseen event or new life circumstance that radically changes their worlds, turns them upside down. Or most commonly it could be that they're pregnant. Later recognition of pregnancy is just far more common than people think. This is thanks to period tracking apps, early detection pregnancy tests and just a limited understanding of reproductive biology.

People assume that all pregnancies are found early on the stick and the truth is again, we're talking common. These numbers in front of you are not people that have had abortions. These are all pregnancies, okay?

1 in 475 discovered after 20 weeks. Now listen, this is the best study that we have available. It's under researched in America. This study that we have is out of Germany where they have universal health care and a deep investment in education.

That country with those conditions has 1 in 475 people discovering their pregnancies after 20 weeks. So again, we don't have, you know, better numbers for America, but knowing what contributes to it, we can imagine they're higher here. The number in the middle is an American number. 1 in 13.5 are discovered after 12 weeks. Given Dobbs, terrifying.

This chart is showing the sort of timing that is the relation between when people find out they're pregnant and then when they're able to access abortion care. Again, according to the turnaway study, most people who seek later abortions discover their pregnancies after the first trimester. So, it's just a major factor in why people seek abortions later in pregnancy.

This is especially true for young people who have not had their periods for very long and/or are subject to woefully inadequate sex ed, for those with irregular periods due to pre-existing conditions like PCOS, presence of IUDs, because they're pre or perimenopausal or because they're breastfeeding or because of all the things that make the pregnant body a hellscape. Because of complicated medical issues and people who are using birth control. This is in bold. Because it speaks to why weren't they on birth control? Well, Mary, they probably were. More than half of the people in the turnaway study who had later abortions were using contraception the month they became pregnant. It's why they didn't consider pregnancy if they were feeling off. Even people who go to healthcare providers say I'm feeling off. They say, are you on birth control? They say yes. They're like, well, let's waste a bunch of weeks trying to figure out what's wrong with you instead of giving you a pregnancy test. This happens all the time.

So that is the first path. New information that you couldn't have known any earlier.

The second path is barriers to accessing care as early as someone would like. Because again, bans equal delays, equal to abortions happen later. I wanna say these are not distinct or inherently separate paths. Most people find out new information later in their pregnancies and then have difficulty accessing abortion care.

Brief personal context. It took me under the best possible American human circumstances. It took me two weeks between deciding I needed a later abortion and making my way to a clinic. It took two weeks to get everything together, to book all the travel, to get all that money together, to get all the doctors on the same page across time zones. I mean, the shit just takes time that people in this position do not have.

A persistent misconception is that most later abortions involve a poor fetal diagnosis, but there is no data to support this. I'm gonna say that one again slower. There is no data to support the idea that most later abortions happen for a poor fetal diagnosis.

Of course, terrible things outside of anyone's control can and do happen. But we will never be able to regulate or legislate away bad pregnancy outcomes or really the entirety of the new information column. People will always discover pregnancies later because birth control isn't a hundred percent effective and the human body and our lives are just incredibly complicated.

What we can affect, however, is column two. The man made barriers that shame patients, that exacerbate stigma and which delay and deny care and we can do this unequivocally and without qualifiers.

I'm gonna show you a short video now that shows how these two paths are related. I'm gonna start that right now.

#### **VIDEO AUDIO:**

Meet Robin, a young work mom struggling to make ends meet. One day she hopes to go to a nursing school and provide a better life for her kids.

Robin uses birth control, which causes irregular periods. She also suffers from abdominal pain due to stress. At a doctor's appointment, she discovers she's 12 weeks pregnant. After considering her existing children, finances, and lack of support, Robin determines it's not the right time for another child. She makes the decision to get it abortion. Robin's family is on Medicaid. And she finds out that her insurance won't cover abortion care.

The cost is equal to what she earns in three weeks at her job. As she struggles to get the money together, she has to delay her first clinic appointment. The cost keeps going up as her pregnancy progresses and eventually she passes over an invisible line she didn't know was there, her state's legal cutoff.

The clinic informs Robin she'll need to get care out of state. They refer her to an abortion provider at a last stop clinic across the country. But Robin is still unable to pay for the procedure and travel costs to get there. A staff member at that clinic tells him about abortion funds and practical support organizations who step in to help with funding for her abortion, flights, hotel, rental car, child care and meals.

Finally, Robin is able to reach her appointment and have the abortion she knew she needed. She feels relieved and confident she made the right decision for herself and her family.

Now, Robin is enrolled in nursing school. She and her children are thriving. Most people seeking an abortion later in pregnancy are like Robin. They learn about their pregnancy later than most and then due to obstacles and legal barriers are not able to get care as soon as they would like. And like Robin, they deserve support and compassion. To learn more, visit [whonotwhen.com](http://whonotwhen.com).

#### **EC:**

Okay. While anyone with the capacity for pregnancy could and does need this care, some characteristics are prevalent in later abortion seekers that are also correlated with institutional and systemic inequality.

75% of all abortions are among low-income patients. Most cannot use public insurance like Medicaid to pay for their abortions because of the Hyde amendment which most of us probably know. Therefore, many abortion seekers are delayed and they're delayed by having to get money together for care that increases in cost with each week of pregnancy. So folks seeking care later in pregnancy are looking at the most expensive care with the least amount of time to raise that money.

Racism, economic inequality, disparities and access to contraception, sex ed, sex education, and quality health care are interconnected societal failures. Why am I sharing this? I'm sharing this because abortion bans are yet another example of bootstrap policies, meaning X number of months or weeks should be plenty of time for somebody to get to an abortion as if everyone has equal access to resources.



Because the discrimination that later abortion seekers face when trying to access care is compounded by the discriminations experienced in their lives more generally. And this has serious implications both for their lives and for their abilities to speak out and share their later abortion experiences. And because when we compromise away access to abortion later in pregnancy, we are compromising on the backs of the already most under-resourced, systematically marginalized, and overpoliced members of our communities.

So to review. We've talked about why people need access to later abortions. We've talked about who is most likely to need them. Still, I know that this will not be enough for many people to understand why we cannot compromise on protecting this care. The issue of fetal development is simply an overriding concern that takes precedence over all other concerns.

I just wanna say it's this way for many pregnant people, too. How far along someone is in their pregnancy may be one piece of information they consider when deciding whether or not to carry that pregnancy to term. It is not the only piece of information. Despite all of the stigma, fearmongering, barriers and genuine concerns about fetal development, thousands of people still seek and access later abortion care many into the third trimester. That's because when determining whether to carry a specific pregnancy to term, each individual is weighing the reality of their lives as they are.

This is true for everyone who can become pregnant and it doesn't stop being true when those decisions happen later in pregnancy. Even people who hold strong anti abortion views simultaneously believe that having an abortion is absolutely essential for their physical and emotional health.

This scale resides inside each of us who can become pregnant. We should be the loan keepers of these scales because we have by far the most information. Not even our doctors have as much information as we do. Only we know if a pregnancy is compatible or viable for our lives.

But abortion bans completely erase all of those very real concerns, the dynamics people have going on in their lives and the very real consequences they'll have to grapple with for the rest of their lives in favor of two metrics that are near impossible to prove. Never mind potential viability, which is a guess based on many factors.

Gestation itself is only accurate within two weeks on either side. Y'all, we're talking about a four week window that we are writing black and white laws on as if it is not inherently a gray measure.

Ultimately, any productive conversation about later abortion has to start with the acceptance that people need them, people have them and people have had them for a very long time. All we can control is how, safe or unsafe, punishing or supported they are. No amount of stigma, hand ringing or legal restrictions will force people to obey or comply with attempts to control what is beyond laws and politics.

Certainly, the public has genuine concerns that have been fostered and inflamed both by antis, but also by the pro-choice movement othering this care for so long. But concerns are to be expected and abortion bans are the wrong tool for addressing those concerns, which is the focus of our next section.

Abortion bans. Abortion bans make abortion illegal at some point during pregnancy. These laws carry harsh criminal and civil penalties.

What effects do abortion bans have on people who wish to end their pregnancies? Bans create pressure by forcing people to make decisions before they've been able to take the time to decide what they really want to do. They exacerbate inequities because the people who are able to surmount the barriers are those with the resources to do so. And bans burden access. It means that they're further delayed or denied care altogether. And there are very real effects when someone is denied care altogether.

In the turnaway study, which we discussed earlier, researchers found that the reasons people cited for needing care and for needing to end their pregnancies in the first place, the fears they had for their children and for their futures, proved to bear out. The turnaway study interviewed people before their abortions and then stuck with them for five years and talked to people who were able to get them and not able to get them and they were able to collect a lot of really measurable data.

What they learned is that people denied care had four times greater odds of living below the federal poverty level, were more likely to experience serious health complications, were more likely to stay tethered to abusive partners and there were serious implications for the children born both of those pregnancies and existing children in the family.

How else are abortion bans harmful though? So, focusing on abortion is actually a pretty narrow lens through which to discuss the harm, discrimination, and wider implications of reinforcing state, compelling interest in pregnancy through gestation and viability bans.

In addition to denying people abortion care, bans have been used to punish pregnant people for the outcomes of their pregnancies. They have even been used in family courts to use behavior while pregnant as a basis to take people's existing children away.

Now we can address the conditions that contribute to later abortions to people not being able to have the children they want and to raise them in healthy and safe environments. We should do that. That is why reproductive justice exists.

However, this would require a radical expansion of support, not punitive laws.

So if abortion bans are so harmful, which they are and they're not based in health and safety, which they are not, which is why they are wholly opposed by ACOG, SMFM, and the AMA, why do we have them?

We have abortion bans because people, a lot of people, just have genuine discomfort about abortions that take place later in the pregnancy. Even folks who generally think abortion should be legal see later abortion as undesirable and undeserving of protection.

Our society, especially white people, tend to criminalize what we find undesirable in an effort to make it go away or to ease our collective senses of guilt and culpability.

As Angela Davis says here in this quote. She says, 'this is the ideological work that the prison performs. It relieves us of the responsibility of seriously engaging with the problems of our society.' What she's talking about is the way criminalization, which not necessarily mean policing and prisons because criminalization is not just vibes, she's talking about the way it exists in our minds.

Abortion bans and government surveillance of pregnancy more broadly are built on carceral logic, which refers to the punishment mindset that is so ingrained in our culture. So instead of a culture of care, we live in a culture of punishment. This means we focus on individuals rather than collective accountability. We create fairy tales about guilt and innocence. And our systems identify an individual to blame and assign punishment because it's just much more simple than addressing and repairing root causes.

Said another way in this great quote by Dana Sessman, who's the current deputy director of Pregnancy Justice. She says:

"It's this American idea that we can police our way out of these social problems. That placing someone in a prison is a way to address mental health or substance use disorders or lack of access to health care. It has really devastating outcomes for everyone."

So even if you're, and this is true by the way, devastating outcomes for everyone. This is true even of viability bans. Viability bans are abortion bans. All abortion bans are built on these criminal logics.

As I said in the beginning of this presentation, once someone has decided to end their pregnancy, they should be able to do it as early as possible. And as late as necessary. This has never been the experience of abortion seekers in America. In fact, we can tell historical myths about the permissiveness and lack of regulation at different points in history only if we erase later abortion, which advocates do a lot.

So, in 1973, arguably the height of legal permissiveness for abortion, the court also officially established the government's compelling interest in pregnancy and literally created trimesters to regulate that interest.

Side note, please everybody listen to the More Perfect Podcast about where the viability standard came from. SYA is going to share that out. Part one is a banger. All of this is in there and it's really fascinating. I hope everybody listens to it.

So, doctors did not create the idea of trimesters. Lawyers did that to give the state a framework for how to control pregnancy and abortion. The idea was that there would be no bans in the first trimester in the first part. Some regulation in the second. It could be somewhat regulated and it could be, didn't have to be, but could be wholly banned in the third. That's why trimesters exist.

So how could even pro-choice advocates support bans on abortion? Well, in 1973, the SCOTUS at the time based their decision according to recorded arguments on the same myths that remain interwoven in the way we understand abortion today. Myths that even otherwise pro-choice people fall into. Such as that everyone can get all the information they need to make informed decisions by a specific time, that we live in equitable environments with comparable resources and abilities to navigate barriers, that we need laws to prevent bad actors from misusing abortion services, that exceptions to abortion bans capture all of the people who need and quote deserve care, and that the state is a benevolent entity that is well positioned to adjudicate pregnancy and abortion at all.

By not challenging these myths, maybe especially the last one, pro-choice advocates can contribute to the harm caused by abortion bans. And there are so many more miseducation that we perpetuate every day.

So much so that it is the subject of our last section: stigmas and myths. We must think about and challenge the way abortion care later in pregnancy is considered in policy and discussed in pro-choice spaces. And I believe it starts with our own policies.

I really wanted to call this slide 'exceptions: the fucking worst.' But I didn't because I'm a professional. So it is called "Exceptions: PR for abortion bans.'

Why are they PR for abortion bans? How do they work?

Well, exceptions to abortion bans kind of perform two main functions. The first, they assuage guilt for the sympathetic cases that people think should be considered and they soften political blowback. And they do this for both political parties, which is why we have them. But they don't even work for the people that they espouse to cover, they override bodily autonomy completely, replacing individual decision making with a state's value judgment, and there are sort of specific reasons why specific exceptions suck, which I have on the slide. The health and life exception, they're vague. They reinforce providers as gatekeepers. They're subject to the same biases that people are subject to in the major medical system. They also never meet the bar for hospital lawyers. Ask me how I know that. Same with fetal diagnoses, rape incest forces survivors to disclose. Over the overwhelming majority of survivors, or overwhelming majority of cases are not reported.

So, and then again, the exceptions reinforce this idea that there are people to be concerned about these bad actors out there misusing abortion services and that we need these bans to make sure with the exceptions to make sure the right people are able to access care. This

legitimizes the hierarchy of deservedness and it provides cover for turnaways and it helps sell abortion bans y'all. Why are we doing that?

So compromised policies are the asshole cousin of our compromised communications and how we routinely erase later abortion patients and later abortion providers in pro-choice advocacy.

Some examples of that and this list is not exhaustive, but here are some greatest hits of the way we perpetuate stigma: Whenever someone describes a six week ban as it's passed before people even know they're pregnant, I cringe because now you know that all abortion bans happened before people know they're pregnant. The idea that you've probably heard this one before, nobody wants to have a later abortion. Yeah, people are moving mountains to get to these last stop clinics for care they supposedly don't want. And again, the most abortions happen for medical reasons and a brief note of hashtag real talk on that one. I am not saying that doctors and patients should not be sharing our stories of high risk pregnancies and those tragic cases that we've all heard so much about. In fact, I know personally how powerful these stories are in moving people, particularly those in the middle. But we absolutely must tell these stories in service of abolishing abortion bans, not to make the case that bans are bad and therefore they should not apply to us.

I mean, what? What are we doing? Erase your gaslighting. This is a big one. I mean, later abortion is just literally erased from everything, from every campaign, from all considerations. You know, I just saw a big leader at a major organization say that 18 states have abortion bans. 44 states have abortion bans in this country. 44. When you say 18, you're only counting the earlier abortions and saying those are the bans.

Pretending post Dobbs problems are new. I had...I traveled across the country in 2016. People have been traveling and experiencing barriers for a very long time. When there are campaigns about self managed abortions that erase the actual conditions of criminalization, that is stigma. That is not telling the whole truth. People have been criminalized for SMA for a very long time and they're getting criminalized for later abortions at home.

Any message that suggests that a policy is abortion for everybody that is any effort to codify Roe. That's WHPA at the federal level that are... that's these ballot initiatives that are at the state level-

If your policy carves out a special way for the state to criminalize later abortion and then you say that that effort is abortion for everybody, what does that say? That says that we are literally not worthy of the most basic consideration. And you know, and I want people to start thinking about that. What does it mean? What does codify Roe mean? Please. Read this stuff. I mean, I'm a theater major and I can read these bills. They're not impossible to understand. We should read them and ask them if they're truly doing what they're telling us that they're doing.

Hashtags like 'bans off our bodies', 'abortion is healthcare', 'trust patience'. These should be our value statements, but if they're conditional, they're slogans.

The language we use and the myths that we perpetuate to try and move the public cause harm. They perpetuate stigma and they give cover to legend that compromises on the backs of those with the most barriers and the least resources and the least amount of time to surmount them.

If you're unsure how to communicate, talk like you're talking to someone who has had an abortion later in pregnancy. You very well may be. For example, I have an internal audience who is a later abortion patient and traveler that I spoke to a couple of years ago, and her words live rent free in my mind.

She's a 20 year old Latina from Florida who discovered her pregnancy in the second trimester and then she traveled to DC for her abortion with help from abortion funds and a PSO.

So she says:

"I've read about later term abortions and stuff and most of the time there's something medically wrong with the baby. Nobody has a pregnancy that long and doesn't want it. Most of these are like 1% of women and it's always a woman who wanted the child and then something went wrong. It's never just this person didn't know they were pregnant. That makes me feel stupid and dumb. It makes people think people like me don't deserve an abortion. I wish I had known I was pregnant earlier. But people who don't know how far along they are during pregnancy, they do still deserve an abortion."

If we were most concerned that our work in advocacy supports law and medicine, supported people like this patient, what might our messages look like?

Maybe something like: people don't always have timely information about their pregnancies. Therefore, abortion care should not be restricted based on time; abortion bans have harmful, punitive effects on people affected by them, falling mainly on those already struggling; later abortion seekers are moral decision makers and experts in our own lives; and people seeking abortions later in pregnancy deserve care, not judgment.

So what can you do? I didn't wanna just like throw a bunch of information at you in this like righteous space where people love doing stuff and then like not give you anything to do or any ideas.

So here's just a few. One, shout your support for people who need and have abortions later in pregnancy. This can look all kinds of ways. Scan any content that you share for hidden later abortion stigma. Be supportive and online comments. I'm not asking you to spend a lot of your precious energy engaging with trolls. No ma'am. But I'm saying people read comments and some of those people had later abortions and seeing a supportive comment in a long list of trash really can make a difference in someone having a good day or not. So if you have a few go to comments that you keep in a note on your phone, copy paste those bad boys into a thread and then mute it, just so you have put some joy and light in there and then go about your day. It makes a big difference.

Radical resistance. Give money to funds and make this shit illegitimate. Consider funds and PSOs shouldering the burden of later access. These people, their budgets are huge and they're still running out of money every month because the shit's expensive.

Be critical of pro-choice policy efforts. Grassroots groups and organizers have so much power, you guys. I know it doesn't feel like it because it feels like the lawyers have all the power, the doctors have all the power. They can't do shit without without us. They can't knock all those doors. They can't get all those endorsements. They can't get community buy-in. Make them listen to us. It's really that simple.

As little individuals, we can't do much together. We can do a lot. And you know, there's other things. Oh, support better policy. There is some good policy and stuff we could be supporting. We could...voice loud support for the Each Act, for the Abortion Justice Act that was just introduced by All Above All this past week. It's a strong abortion bill at the Senate level and you know, it's the kind of policy that we should be demanding in this moment.

They're trying to sell us a 1973 solution for a 2023 problem. This idea that you can sort of scapegoat a group of patients and they'll be able to be sent away from their doctor or clinic and sent across the country, but they'll be able to be seen and it's really fine. That path is dead. And it's probably dead for the rest of our lifetimes because Dobbs and, really because of the effects of all of these total bans post-Bobbs, it is creating such a growing need for later abortion care that there are long waits at these last stop clinics.

No longer can doctors sort of like brush off this responsibility on the brave, righteous, fearless, last stop providers who have been willing to take their patience for all of these years. They would love to, but they can only take so many. There's only so many of them.

We need more clinics. We need more providers. We need more of our support. They need more resources. And we can no longer afford to just scapegoat people and figure that they'll make their way somehow to just scapegoat people and figure that they'll make their way somehow to care. Again, it's dead. So we have to stop bringing it around as a solution.

That is it. I am going to now-

That's my soapbox moment. I am done now. And it looks like we have a question in the box. I just wanna say before we go to the question. This is [WhoNotWhen](#). It's our public facing resource for education. We have a bunch of fact sheets on there if you like a fact sheet. We've got them on viability bands, on later recognition of pregnancy, on exceptions.

As I mentioned earlier, we have a media guide for ethical reporting on abortion later in pregnancy. All of those resources are available. If you don't see a resource you wished existed, reach out. If I have it, I'll share it with you. If we don't have it, maybe we'll make it. And if anybody has questions that come up later or if you ever want to talk any of this out, please reach out. There is my contact and we will always write you back.

You know, a lot of what we do is just helping people just kind of like have a sounding board to talk through their own stigma and their sticking points and what they're what they're struggling with. I welcome those conversations. I understand that this is, you know, not easy for a lot of people and, I'm here to support you.

So really, truly that is a real... that's a real offer, truly. Reach out. I am going to stop sharing my screen now so that Amelia can come back on.

There she is.

**AB:**

Damn! Oh my god.

**EC:**

It's a lot. I know it's a lot.

**AB:**

I mean, I don't like there's just nothing, there's nothing to say other than like...Abortion Academy. Classes now in session.

**EC:**

Yes!

**AB:**

And I think you just like set the bar in the heavens. I mean, that was just electrifying and so thorough, so thoughtful, just fucking airtight.

**EC:**

Oh, thank you.

**AB:**

You are, I could listen to you forever and I am so I'm just so happy that we could like share this with a bunch of people who are all still watching and thank you all so much for being here. This feels amazing. We're so stoked. And Erika, you are just a gift to the fucking universe and like, do everything that you just said.

**EC:**

Oh, God. Thank you. Oh my god, thank you Amelia. I live for you all. The way I got into this work was telling my abortion story publicly.

I mean, we got back to New York and I was like, does everybody know about this? You know, like the little like naive person I was, I was like, I think every, pregnancy capable person in the state of New York needs to know that shit is not chill here.



**AB:**

Yeah.

**EC:**

And so I reached out to Jezebel and told my story at the time anonymously like less than a week after my trip because I just wanted to...I wanted to literally shout my abortion to anyone who would listen because I wanted to warn people.

I wanted to make sure everybody knew what was up and because of that a lot of people reached out to me who had also had later abortions and that started truly the real education. Connecting with more and more people. Would it be okay if I look at these questions?

**AB:**

Yeah, please do. I just. Some housekeeping while Erika is looking at questions. We will be following up and sending links, as well as a recording.

We again would really, really love for you to take a moment to fill out this little survey that's gonna pop up. We want to know who you want to hear from. What kind of issues you want to get into. Yeah, Erika, do you have any questions that you'd like to explore here tonight?

**EC:**

I'm gonna start with the lowest lists. Are there any funds or organs in particular that support later abortion that I would recommend?

Yes. All abortion funds are great and all abortion funds contribute to people who need later abortions. There are some that because of their geography end up doing the lion's share. Those are the ones around the DC Metro area.

So Bath, Baltimore Abortion Fund. DCAF, DC Abortion Fund, because they are near last stop clinics, they end up really shelling out a lot of money. And they are run by a lot of dedicated people, including a lot of volunteers and they make the most of every dollar.

People who are working at PSOs that stands for practical support organizations. Those are the people that help with flights, cars, they will pay for childcare for your existing children. 60% of abortion seekers are already parenting. They will take care of everything. They'll pay for food. They will give just cash because shit comes up and they know that when you're traveling, you know, you need money. Those organizations are Midwest Access Coalition, MAC, in the Midwest. They are bomb. They're doing so much work. They even put this, this is radical trust, they put black boxes inside clinics with cash in them and a code.

I mean, yes, right? They're like, here's a code. Just take your cash. No questions asked.

**AB:**

Oh my god, that is beautiful. That's great.

**EC:**

Yeah, they're awesome. They also-

**AB:**

That's Midwest abortion, Midwest Access Coalition?

**EC:**

That's it. Midwest Access Coalition.

**AB:**

Okay. That's amazing. Also love the connections you made to the criminal justice system we live in and that like. That was, I just, yeah.

**EC:**

That could be a.. Listen. I'll put my...I'll put my suggestion in the box now that having an academy particularly on criminalization and policing in America fascinating, including its relationship with carceral feminism.

**AB:**

Right. Yes.

**EC:**

I feel like anyone who really wants to dig deep there just pick up a Dorothy Roberts. Read it. Let it wash over you. But, so PSOs, ARC South East, out of Georgia. They're also an amazing funding and PSO organization. So many.

You can go to [Apiary.com](http://Apiary.com) is a great resource for learning about PSOs. The people doing all that heavy listening on practical support and they have a directory of all of them if you want to check it out and support your local.

I mean, being a monthly contributor to your local fund is huge. If it's five dollars a month you can give, it means so much to a fund to know that's coming in every month. So if you have it in you, we know donations have deeply fallen off since Dobbs. After Dobbs, everybody gave a ton of money. Now funds are reporting that it is really starting to dry up. So this is not the time to take our feed off the gas there.

You can also support new clinics. There are last stop clinics like Partners in Abortion Care, who I love. They're run and owned by women. They are in, yes, they are in College Park, Maryland. You can go to their website. And give.

You can give to the Valley Abortion Group or VAD. They are opening a new clinic in New Mexico and they are going to be run, owned and operated by young women of color who are Doulas who have been working in clinics a long time. So you could support their effort as well.

More about the history behind viability. I would love to, but honestly, listen to this podcast.

**AB:**

That podcast is really, really incredibly well done.

**EC:**

It just, they nailed it. They nailed it. It's called More Perfect. It's an NPR podcast. It is part one that talks about the history and really you leave it going, oh wow, it really was just some dudes like in a room pulling some shit out of their butts and now that's been the last 15 years.

**AB:**

Yeah. Just picking it, just picking a thing, just picking a thing.

**EC:**

Yep, literally. So listen to that. That is really the best answer to that question. And then on the, the quote grossness of DNE and labor and delivery.

**AB:**

Will you read that whole question?

**EC:**

Yes, sorry, sorry. The question is people may believe that DNE and LND can seem very extreme, inhumane or as I've heard gross. How can we talk about what the procedure looks like without confirming these beliefs?

The human body is gross. The human body is incredibly gross. Anybody want to see a brain surgery? I've had one. You don't. I spent a week in a hospital with a bag of my own brain juice hanging off my head. Let me tell you, it's gross. We're not going to relieve people of the idea that medical care isn't gross.

It's also not a good reason to punish people or criminalize them. So I'm a big believer in allowing people their propensity towards thinking things are gross. There's a reason I'm not a nurse. I'm not a doctor. I have a safe job at a computer. I'm not out there working at the clinics because I'm not that kind of person.

I'm not fascinated by the human body like many people are. That is, you know, that's not me but it's...I guess what I want to say is it's okay that it's gross. Gross does not mean wrong. Having this bag of bones and blood and guts is gross man. I don't know, you know, that's that.

Delivering a baby is gross. If, you know, and half our population does it and we don't outlaw having babies because it's gross on its own. You know, there's a lot of things we don't outlaw because they're gross.

We outlaw abortion, specifically to uphold, you know, white supremacy and white women having more babies and controlling the reproduction of women of color, not because it's gross. So I guess it's just to say that I wouldn't worry yourself too much with convincing people that it's clean or that it doesn't have-

**AB:**

Or that it's like not at or that it's like not a super fucking intense medical procedure. Like, you know, I think that ...like our side has not been served well by the whole like nothing to see here.

And, you know, like I think that and a whole nother topic of abortion academy or just that you could really go off about-

To me, this person is probably wondering how to describe these two procedures in a way that feels accurate, not stigmatizing. And you know, like in terms that you would feel are, like, adequately descriptive while not hopefully not just like alarming the shit out of people because like-

**EC:**

That is fair. That's totally fair. And I guess I would say, like assuming that is likely the intention and what you're battling are these like very gross graphic depictions of not the way it looks.

**AB:**

Yeah.

**EC:**

I think, you know, what I say is that it's, you know, when, there is a pregnancy that needs to be removed from the body, it's done two ways, either surgically or through a labor and delivery that looks exactly like the labor and delivery of a healthy baby except it's of a stillbirth. Someone has an injection to induce fetal demise and then that stillbirth has to come out of the body somehow.

And it's either done surgically while someone is either asleep or in twilight, where they widen your cervix and a doctor will remove it from your body or you are pushing and laboring, which was my experience.

I flew across the country to have the shot to induce fetal demise and then in a hospital in New York. I labored for 30 hours and had a labor and delivery. And that's how it looks for a lot of people. These aren't easy procedures and the recovery is much like recovering whenever the body recovers from being previously, you know, pregnant particularly at more advanced gestations. Your body is really going through it and you need time to heal.

Systemic issues. What role do you think lack of comprehensive sex ed may have and how people are able or not to identify that they are pregnant earlier?

There's lots of ways. And when we say sex ed is low, a recent poll showed that over 30% of men are not sure if human eggs have shells on them. Let's take a moment.

**AB:**

What? Wait, what person?

**EC:**

Yeah. Over 30% of American men are not sure if human eggs have shells on them. That is the level of education we're talking about.

**AB:**

Well, he comes from the balls. So.

**EC:**

I mean, I'm saying. So just to say, the information is low. And certainly, you know, that, that manifest in many ways. Where I think it is really important, particularly for young people, is in making people think sex in the human body is a shameful thing.

A third tri, a retired third tri provider who we deeply admire Dr. Shelley Sella. She said something she noticed about her youngest patients. We're talking like young teens and children. What she noticed over the many years of providing care is that these kids put all of their energy and thoughts and minds into concealing that pregnancy because of shame and fear that they have nothing left.

They literally do not have the wherewithal to process that they're pregnant and that it has to come out somehow and that if they don't do anything it will result in a baby and that it will radically change their lives. All they're worried about is concealing because all they're thinking about is getting in trouble because our shit sex ed has made them think there is something shameful and wrong. However, you know, they became pregnant, whether it was through abuse or through, you know, consensual sexual contact with other teenagers or whoever....

**AB:**

Right.

**EC:**

With other teenagers, you know that alone, like consent and talking about sex without shame is such a critical part of sex ed that just most kids are not getting and it contributes to the later recognition because it contributes to the shame.

**AB:**

And everything that you just said to like I feel like disassociation is a huge reason like disassociation in order to cope with trauma, you know, the pregnancy being a byproduct of rape and/or abuse or just sex that didn't like the person didn't want to have and just like the... you

know to be pregnant when you're really young and don't even understand your body. Like this is making me think also of...You sent me an article after-

Erika and I had a zoom. I don't know when. This was some time during the pandemic. And I got like a version of this presentation that totally rocked my shit and I can totally vouch for Erika as a person who is deeply interested in, philosophically, like getting in there and wrestling this shit to the floor until you feel comfortable going out there as an advocate and like that is your like, I don't know it just feels-

I want people to know that she's really serious when she's like, shoot me an email. And I felt really lucky to be able to talk through things that were coming up for me. Also, I feel like our movement is not good at even acknowledging let alone holding space for people to unpack things that come up for them, whether we're talking about later abortion or other shit.

**EC:**

Yes.

**AB:**

And I don't think that that's healthy and I don't think it's led to good political outcomes. And probably not good care for people too. Anyway, the thing I was gonna say is you sent me this article about, I believe it was in L. It might have been in Glamour. It was some Conde masthead. It's about a young woman who still like...she is criminalized for giving birth in a sorority. And I would love for us to put that link in, we'll find it and we'll put it in the wrap-up email that we're gonna send out.

**EC:**

I think it was, I think it was L.

**AB:**

It's a really, really amazing piece. I mean so much about what's amazing about your work, Erika, is just like the helping people imagine how this happens and that's...it's so amazing to me that that's been so absent from the conversation. The how and why this happens, you know?

**EC:**

Because you brought up Emily's case, Emily Weaver, and yes, do share that out. Em has become a friend over the years because when I read her story, which quickly is about when she was at a sorority in college. She had no sex ed. She was dating a really shitty, abusive dude. She was at a conservative college. She became pregnant. She experienced trying to get an abortion later in pregnancy. She ran into a freak storm. So she and the shit dude were not able to make it to a clinic. She went into a state of denial. She ended up delivering in the sorority bathroom. The baby died.

She was arrested. She is now in a prison in Ohio for the rest of her life. She was 19 when this happened. She got life in prison.

These are the cases that are maybe truly the hardest to talk about. But when I say we need to decriminalize pregnancy outcomes, I'm not saying that, you know, I...immediately the other side is like, oh, you're advocating for the murder of little babies. No man, I am pointing to how deeply complicated and fucked up life is for a lot of people and I'm pointing to how punishing them doesn't make these problems go away.

**AB:**

Yeah.

**EC:**

Em sitting in prison for the rest of her life does not make this issue go away. We had a whole TV show on Discovery that was called I Didn't Know I Was Pregnant. We treat it like a freak show when in fact these are very real things that happen to people under very distressing circumstances.

I mean, Em passed out from loss of blood when she was going through this in the bathroom. She was in so much distress that she was out of consciousness.

**AB:**

And even so much disassociation like reading that article, I remember like it just kind of happens and then she just like leaves and like kind of goes back to hanging out. Like it's a totally, you know.

**EC:**

She was out of her mind.

**AB:**

Like it's...totally. You know. Yeah, and I remember one of the scary questions that I asked Erika in my vulnerable, safe conversation that I will just say because I think that it's probably something other people wonder is like I was like-

We were also talking specifically about SMA later in pregnancy. We were talking about people using pills later in pregnancy primarily in countries like Poland, for example, which have total bans and it's just happening. And I asked Erika kind of like I don't know, at some point, do you think it is infanticide?

And Erika's answer was so beautiful. And was really kind of encapsulated by what she just said, which is like, reasonable people can disagree, but like putting this person in prison. What does that do? That doesn't make anyone safer. It doesn't make, you know, it's not gonna be a deterrent for other people in these situations. It's definitely not going to address any of the systemic problems that made that person be in that situation and also like the idea, too, that that person is like not the victim in that situation, you know what I mean?

**EC:**

And that's the dangerous thing said out loud. That's the danger talk because they want us to think she is purely an evil criminal-

**AB:**

Right, right.

**EC:**

And not also a victim who went through something deeply traumatizing that she has to live for the rest of her life.

And there's another case in Ohio where a now grandmother. There were some hikers in the woods and they found old fetal remains. And now because of technology, they were able to do a bunch of testing and they tied the fetuses to a now grandmother who has had two children and lots of grandkids.

When she was younger and first dating her now husband, they were in a very conservative environment. She got pregnant to her being pregnant meant I am bad, I will never be accepted, I am a bad person, bad girl. And so she delivered and buried it in the woods, went on to marry that man, have children, contribute to her community, be a volunteer, live a perfectly normal life.

Where is that woman now? Where is she now? She's in prison. By the way, she's in prison.

**AB:**

I mean, also like the fact that they did that level of like retroactive forensics on a grandma when like how many cold...how many fucking untouched rape kits are there in this country? How many hundreds of thousands? You know how fucking hard it is to get a call back from a fucking precinct?

**EC:**

Yep.

**AB:**

No, like. It just really refocuses the priorities of like it really clarifies what the true priorities are, which something you said earlier, it's like if we're kind of weirded out by this and we don't really have the tools to sift through difficult conversations together as a culture, let's just act like it's some bad people doing bad things and punish them, and then we'll feel okay.

**EC:**

And by the way, spend trillions of dollars to do so. I mean, billions of dollars America spends on policing when imagine if everyone had-

Like the clinics we could build, the sex ed that we could have with that money.



**AB:**

Oh my god, Yeah.

**EC:**

You know, it's like I know a lot of people are scared by the defund police movement. So I will say, although read and try to engage, but I will say the idea of reallocating these billions and billions of dollars towards support and health and care is not a nutty idea, everybody. Think about it. It's a good idea.

**AB:**

It's so much less scary than the world we live in.

**EC:**

And I, you know, can we just end on one more question here? Which is, are there any stories or ideas that give me hope? There's so much to contend with and such a mountain of bullshit to climb. How do we keep focused upwards and towards justice?

Back to Miriam Caba. Hope is a discipline. That is harder to remember some days than others. Like today was another banger day from those motherfuckers on the Supreme Court. Fuck those dorks forever. And, you know, these days happen and you're just like, this feels like just never ending hell and that's okay. Like let's just all sit in that. It sucks.

At the same time we are seeing gains in certain places like there's a 538 article that I think I didn't share but we should share with everybody and it's about how America is starting to be not down with bans. At all. Support for no bans, including those against tri trimester abortion is actually going up.

Thanks in all groups, but especially thanks to Gen Z. That is hope. Like people are, they're like, wait, the same guys who put people in jail for giving people water in the desert? We're gonna let them decide what is fucking moral? Fuck that.

**AB:**

Right. The babies in cages party.

**EC:**

Like what? This America?

**AB:**

I mean, I hope you, yeah. I hope that you fucking own being a huge part of that. Erika Christensen, you goddamn genius.

**EC:**

Oh god, I don't know about that. Selective work of a lot of people.

**AB:**

You better. No, do it. You are part of that. You change. Thank you.

**EC:**

More, more, more story, more and more things that you can hope for are these new clinics. Like the new clinics that are opening give us so much hope. Like. You know, no longer are we accepting that later abortion patients should just be, you know, beggars can't be choosers.

**AB:**

Right.

**EC:**

Like we are supporting the clinics that we want, the care that we want, our providers look like us like the population. They are really doing this work with a real focus on justice and more like wraparound care and it's so amazing to see. I personally am very encouraged when I see the work of these people and the pressure that they're doing it under.

I mean, these are people who like, you know, on the anniversary of George Tiller's death, you've got all these people on social media like giving odes to George Tiller, which is great. And these same organizations sign on to WHPA, which enshrines the conditions that are living later abortion providers are under and perpetuates violence and harm on them.

And that's the shit when I see somebody out there like doing odes to George Tiller, the first thing I do is see if they've endorsed WHPA. That's my first move. And if they have, I'm like, you're bullshit. Because we have to protect the providers who are living on this earth who are doing it under great pressure. And they do it only for the love and respect and care for patients and they're doing it so well and it is a source of light.

So do what you can, you know, if you're looking to do something that makes you feel hopeful, try to volunteer at a clinic, be a clinic escort. You know, do things that you really feel like you're able to contribute to the people who need the care and I promise like you'll start to feel less hopeless.

**AB:**

Yeah, I think, you know, to close this out like the moment that gives me hope is like when Erika a few minutes ago was like listing all of these practical support networks. Like, because access has been so fucked up for so long, long before Dobbs, there are activists and networks of people who are ready to help, who have at least some, you know, money or time like everybody can contribute in some way. And like all of us can and these networks exist and I think that like we're in a moment of disorganization and of, you know, systems being flooded, but when the dust settles, like we have the numbers, we have the heart, we're smarter than them, we're fucking committed, we're never going to stop doing this shit and we love each other. And that's it.

**EC:**

Oh, fully. Like fully agree. And on that note, because I believe in the rule of threes, I've given you, I've said two Miriam Cava quotes out loud. So I'm gonna end with a third. This is my favorite and it's a cross stitch next to my desk.

Miriam says:

'When they go low, you fucking punched them in the neck so they know you mean business. This is about power, not affect.'

**AB:**

Whoo!

**EC:**

And what you need is like have your crying, but remember what works and it's fucking collective power and we can do this. There's more of us than there are of them.

**AB:**

Yeah, 100%. All right, that was a real banger. I've been rocked.

Thank you so much everybody for being here. We'll be in touch with all the resources. We're really excited to hear from you. Go do the survey please, if you haven't.

**EC:**

Please do the survey. They did so much work to do this, you guys. SYA did so much work. Do their survey, please.

**AB:**

You're the best. Thank you.

**EC:**

Thank you everyone.