

This interview has been lightly edited for clarity.

Amelia Bonow:

Hello, friends. Welcome to Abortion Academy. We'll get started in just a moment.

Can I remove my spotlight? Yeah. Looks like people are coming to this very special morning edition of Abortion Academy. We're so happy to see you and be together, and I'm just going to get into my spiel.

My name is Amelia Bonow. I use she/her pronouns, and I am the executive director of Shout Your Abortion. We are 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.

Abortion Academy is a monthly webinar series, where we introduce you to one of our brilliant colleagues, or in this case two of them, Elisa Wells and Lauren Hattaway, of Plan C. And in a general sense, we hope that Abortion Academy will deepen your knowledge, help you connect some dots between issues you're navigating regionally, and what's happening at the national and even international level, and ultimately, give you fresh ideas to take back into your community.

Audience members will be off camera and muted for security reasons. But you will be able to ask questions in the chat throughout the session. We encourage you to do that. And today is a little bit, you know, it's a special time. So it's a special Abortion Academy session. This is going to be somewhat more informally structured than previous sessions where a speaker will come, give a presentation, and this will be more conversational.

Elisa and Lauren and I will all be sort of chatting over the course of probably an hour. And I welcome you, as we move through the topics which are election outcomes, potential election outcomes, that you raise questions as they come up for you. So if you have a question about Comstock, or whatever, as we're talking about Comstock. Go ahead and put that in the chat, and I'll do my best to weave those into our conversation as opposed to waiting until the end to do a Q&A.

We are so happy to have Spanish translations for you today. Thank you, Diana and Maria, for being here. So if you'd like to use that option, you can just go down to the lower right hand side of the zoom thing and click on the globe, and then just select your language and thank you, Maria and Diana.

So yeah today, we are one week out from the election. And I'm kind of intimidated by this session by having this conversation today because I want it to be helpful. And I also...I'm really scared. And I just want to say up top that I'm just...you know, if you're on this... if you're watching this zoom right now, I I love you and I'm I'm sending you energy. And we are all

holding so much. Shout out to the people that are trying to parent right now, who are doing direct services, who are working, talking to abortion seekers who are working in clinics, who are, you know, navigating mental health, who are trying to stay sober, who are trying to care for the people in your lives, and who are just trying to keep it together while we are all just battered by just what this indescribable...just this fucking psychic abuse that is happening. This emotional...just like it's so fucked up. Really things like next leveled for me, I think, earlier in the week when the Madison Square Garden rally happened. And I know that I am just holding so much fear and sadness in my body. And I'm just, you know, it's a real one foot in front of the other kind of approach for me personally right now, and I hope that everybody here is just able to give themselves a lot of grace and do what makes you feel good in the moment, you know. Just try to do one healthy thing. Drink a glass of water, cancel a meeting if you can, lay down on the floor, pet a dog like whatever the fuck it is, and just know that, like we are in this together, like all the way. All the way.

And when I was thinking about this session, I just started. I started thinking about when I used to work at a crisis hotline and we would speak to folks who were in some crisis, and the word crisis being, you know, subjectively defined. And sometimes like one of the various approaches that we would sometimes use was to sort of... if someone just comes in like a flurry of just a torrent of anxiety about different bad things that they're just tumbling into this sea of bad things that might happen, sometimes it helps to just stop and really sit with a bad thing that might happen and talk about what would happen if it really did because sometimes I think that just like really unpacking that. And then, because it's like, you know, at the end of the day, like what happens if you do get fired. That would suck that would fucking suck. It would be so scary it would be, you know, you would feel freaked out about money, you would feel insulted, and you would have to process that emotionally. Also like you would find another job, you know, and like, sometimes it just...I think that what we want today to feel like is just a moment for us to all breathe together in the reality of these fucking terrifying, single things that might happen, and talk about what we would do if they did. And the fact that we are adaptable. We are brave. We are relentless. And we love each other. And like this thing is never going away, like they're never going to make us stop. And I think that it's very salient to remember that right now, like there is more abortion happening in this country than before Dobbs.

And that is not to say that there hasn't been horrific, you know, individuals have died. We will never know how many individuals have died. We will never know how many people have fallen through the cracks in various ways that are difficult to document, maybe taking their own lives, maybe falling into substance abuse, falling just out of an ability to be safe in one way or another. People have, you know, been ensnared by the criminal justice system, and many, many people have been forced to struggle in a way that can permanently change your life. And all of that is completely fucked, and all of that is like horrific injustice, and also, on the whole, abortion is continuing. And it's actually happening more than it was before. And that is because of activist mobilization. That is because of more and more and more of us finding our way into this work and becoming a part of it and carrying it into our communities. That is because of the increasing availability of pills by mail from reliable sources. And I think that that's also in some kind of...there's a psychological byproduct where I think that some people post Dobbs allowed

themselves to have abortions that might not have otherwise, because I think that there is a backlash to this current situation where people are like what the fuck.

And I think that all of this is to say, victory is ours. We are unstoppable. We're gonna do it. We're going to get smarter. And whatever the fuck happens in any one of these given contingencies, we adapt, we pivot, we get smarter, we get more connected to each other, we share information, we share resources, we get better and better at better, at going around the systems that have failed us, which have already failed us.

This next level of shit is just increased ability to criminalize the people who are most at risk, and increased sort of hurdles for providers and a bunch of legal bullshit. And, you know, there's certainly a huge risk to clinics as well, especially clinics providing later care. And we'll talk about that. But as far as we go, they're not fucking stopping us. There's no way.

I was not intending to talk for that long. But that's what happened.

So I would like to introduce our esteemed colleagues from Plan C. Elisa Wells is a public health specialist with more than 30 years of experience in the reproductive health field. In 2015, she co-founded plan C, a groundbreaking campaign that shines a light on the over medicalization and overregulation of abortion pills and advocates for a safe, effective, self-managed option in the US to counter the politics and stigma that have restricted access.

Plan C has grown to become a leader in the movement for abortion, access, and has put forth a vision for a new reality, a world with democratized access to safe, effective abortion pills as a self-managed option.

Lauren Hattaway is a proud Angeleno native, and as the community engagement and outreach coordinator for Plan C Pills, she leads efforts to enhance visibility and access to reproductive health care, focusing on abortion, medication and mail order, abortion pills for BIPOC and LGBTQIA + communities.

So, with that, how are you doing, Lauren and Elisa?

ELISA WELLS:

Wow! Thanks, Amelia, for that amazing introduction. I think you should just do the whole hour yourself. You're so eloquent, and reminding us to be compassionate about ourselves, and about this shit show that is currently happening and how it's harming people. So thank you for that ground setting. And I think I'm about the same as devastated by what's going on right now. Disappointed and trying to distract myself, basically, so that we can carry on with the work.

In fact, our work the last time Trump or the one time Trump got elected, it was our work on Plan C that kept us all going. How can we help make routes of access available to people? So that's what I'm focusing on. How about you, Lauren?

LAUREN HATTAWAY:

You know, I try to live in the moment, I guess. So right now, the moment is that the Dodgers could win the World Series tonight, and that right now I can lead people to access medication abortion for as low as \$25, and it's one foot in front of the other. But I am so appreciative to be here today and to be able to really, just share that there is going to be levels of safe community going forward, and that they were never going to save us before. And it's just now we get to wear the shield outright. We're not doing this in, you know...we don't need to pretend that we're not the ...we're the saviors we're waiting for. So just really glad to be here with all of you, and to be able to share that.

AB:

You, too, and shout out to Freddie Freeman for homering in three of three World series games. Make it four. Sweep the Yankees. We love an underdog victory. And that's what we're here to talk about here today at Abortion Academy.

Okay, so we're gonna get into some specific situation scenarios. Elisa, let's talk about the Comstock Act. And before I ask you to describe what that is, Abortion Academy heads have maybe heard me say this multiple times. But out the gate, I just want to frame up this conversation with that Anthony Comstock was a tortured, chronic masturbator, and his pursuit of sexual vice was just a projection, and it's kind of funny like the world is in many ways more complicated than patriarchy, but like, in some ways, it's not. And in some ways I think that we have to just kind of be like, huh! This really just is some Christo fascist, patriarchal fear and punishment of sex, and of non-procreative sex and sex for pleasure and queer sex, and anybody who has sex outside of the parameter or the paradigm that they're trying to put on everyone gets punished. And that's really like, you know, I think, a good jump off point. But isn't that gross?

EW:

That's not what I was expecting you to say. But yes, all of that. Absolutely.

So, where does that leave us now? I mean, it leaves us with this 1873 law, which is, you know, formulated based on probably his own shame, as you're saying, and his own fucked up mind. The reality of it is, though, that it's been changed over the years by Congressional action. So it's so weird that the Republicans are trying to use this law that says you can't mail anything related to vice or abortion through the US Postal Service. Because all of those features in that law have already been deactivated. Right? The lawyers tell us they're not in effect anymore, but because the language still remains there, there is this threat that's rising from the Republicans, from the, you know, ultra Conservatives to try and what they say is, enforce it.

Lawyers tell us that would be a misapplication of it that you can't enforce it because it's already been nullified. But we know that they will try, and we know that it will be challenged, and the challenges are just gonna land before the courts which we know are stacked. So, you know, if

this does happen, if they are successful in doing that, it could be done just by executive order. It does not require Congressional approvals. That's an important thing, too. It would leave us in a situation in which there would be basically, you know, no access to abortion pills, no access to any kind of abortion equipment, probably, which is necessary to distribute through mails or distribution systems. It would also, unfortunately, probably also affect HIV prevention, medications, PrEP medications, and gender affirming care. They would use this much more widespread than just abortion. All of the definitions of vice right?

From our perspective, if that happens, we still see routes of access that are possible. International telehealth services like Aid Access. How Aid Access used to work, which is shipping pills from overseas. There are now other international services that exist out there. There's one called Abortion Pills In Private. Women On Web has now started serving the United States. So, we know that there will be ways that pills are going to get in through the mail. We know that these have not been able to be shut down before. It would shut down all of commerce in the United States. So there will be ways that pills are still being distributed and getting into this country even in the face of something as Draconian as the Comstock act.

AB:

Have you heard...I guess whenever I think about Comstock, I think about how it would be enforced. And obviously the USPS is run by a political appointee, and is thus subject to compromise. But I guess, just in terms of like...how possible that would be to meaningfully stop. I mean, Lisa, can you give us any speculative sense of how many sets of abortion pills, or how many abortions worth of pills are being mailed within the United States currently, in a given year?

EW:

Well, yeah, we know that telehealth providers are using shield laws-

AB:

Not shield laws. But I'm talking about Red State Access or other community networks who have folks scattered throughout the United States who are dropping packages in the mail.

EW:

Yeah, I would say that they're probably sending thousands a month. Either those or online, the websites that sell pills. At least thousands a month. But this Comstock law would also impact all of the telehealth providers, right? They wouldn't be able to ship medications through the mail, and they're doing 10,000 or more a month of abortion. So it'd be a really heavy thing. And what we know is that the providers, those sort of mainstream providers that are doing telehealth. Many of those would probably not provide service anymore. Some of them might. Some of them might be risk tolerant enough to do it. But, you know, a lot of them have families. They don't want to have their assets taken away from them. They're really taking a lot of risks.

AB:

Let me pause you there because I want to have a whole other conversation about shield laws. The thing that I wanted to emphasize, and I think that you are trained to sort of see abortion, access in this country, and all of the parts that it's comprised of and be thinking about, Well, if this is compromised, you know, and I think that that's how you were thinking of the answer to that question.

One thing that I think is important to emphasize is that what we are talking about today is various kinds of legal and regulatory crackdown. And that there is currently and always will be, a robust system of abortion access that exists outside of regulation outside of government regulation, outside of medical regulation, and so like, though, you know, what those given channels are at any given time is going to shift, but they will exist. And the different collectives, folks like methodologies on the ground of doing something like mailing pills into another state. People's tactics will change and people will adapt. You know, maybe they notice that maybe the post office has obviously started cracking down on people showing up with 20 envelopes at once, so they figure out a different mailing system. That kind of thing. My point is that abortion access is not something-

All of this political shit is an insult, and it's a grave injustice, and it's also not going to cut off like...like our ability to access abortion is not handed to us by politicians or courts, and it cannot be taken away by those bodies, either. It comes from us like our right to abortion is inherent, and our ability to access comes from within our communities and the people in our lives that can help us get what we need. So, you know, I think it's good to root ourselves in the idea that regulation can't stop access. And Comstock is like one of those...just..It's so ridiculous. It's so audacious in scope, you know. But to me it feels like, are you guys joking like you're gonna stop. You're gonna stop people from mailing shit, and especially at that volume that you're...you know, it's like when there are many thousands of packages in the mail. But then, you know it's like, if we're looking at a slide into full fascism, the mail goes away when that shit happens sometimes, you know?

EW:

Yeah. And that's the scary part. I think. You know, you're right. We've been ingenious, and we will continue to be ingenious, and how we can get around some of these blockades and the politics around it. And we will continue to expand and create those new mechanisms. But there are real threats as well to some of those. So what we've seen so far about people mailing pills into the United States and within the United States is, there has been a small fraction of them that has been stopped.

So there have been packages that have been intercepted at customs. There was a reporter who did a Freedom of Information Act request on that, and could see the types of shipments that were stopped. These are mostly from wholesalers that we're trying to get in, you know, bulk packages of the pills to then redistribute in the United States, which is, we know how the websites that sell pills are doing it. They're somehow getting these packages into the US. And then they have these, you know, individual distributors who are mailing them out individually.

We know that somebody mailing pink envelopes from Jackson, Mississippi, you know, was being cute or something, I don't know, but it caught the attention of somebody at the Post Office, and there was an investigation done. Not that I don't know that-

AB:

A good practical tip. Just another reason to be gender neutral in our-

EW:

Yeah, right? Right? Yeah. I've had some interesting conversations with Fred Lane, who's done a lot on how the mail gets processed. Some of you might use the... what's it called the delivery... there's certain advanced delivery you can see, get an email that shows what mail you're gonna get so you can monitor your mail, especially if you're traveling, which has been sold to the American people as a real, you know, benefit and extra service of the Post Office. But basically, what it's doing is scanning every single piece of mail, and what he said is that that gives the post office the ability to really use AI to scan and search and look for patterns. And they can do this looking for the types of patterns, the ways things are packaged, handwriting, return addresses, etc. It gives them a lot of power to know what's going through the mail, and it's through that mechanism, that automated, you know, AI mechanism that they could have power in detecting if somebody is, you know, always mailing from the same place, from the same look, that sort of thing.

And so, you know, we've had conversations with the community networks to say: look, here's something, you know, the best thing you can do is always do things differently. Don't have handwriting on it. Always label it a little different, different size fonts, different types of things, different envelopes, all that different post offices to try and switch stuff up a lot. But it's hard, you know. It's hard to to continue to do that

So, we do...

AB:

Yeah. (unintelligible) Opposite of systematizing in order to scale. Elisa, is there any kind of... is there any place where you know of there being sort of like a list of best practices for mailers online? What you just said was like, so helpful.

EW:

There's nothing out there, I don't think. Not that I know of. And obviously, you know, part of it is not wanting to reveal all of the ways you're doing it and being successful in a way that could be detected, and then stopped. But I do think that was the key takeaway from our conversations with this guy who's an expert on how the mail works. Just don't make it don't make it all the same. Yeah.

AB:

So, to wrap up the Comstock segment,...also, you know, if folks aren't clear, it's like this is being speculated as like the potential sort of easiest path to what is effectively an abortion ban, without having to go through Congress, or even sort of, without saying that...without Republicans or the

Trump administration, needing to take credit for like having done a federal ban, because it would just be the courts, and we still have this goofy like shared collective delusion that courts are not political operatives at this point. So it's like, Well, I don't know, those judges just decided that's what that law means.

I also do want to mention, too, that obviously, like Comstock would affect clinics, because abortion clinics ship everything from speculums to like all manner of medical equipment, and if Comstock were to go into effect, I think that the way that it would impact in-clinic abortion care and folks who are having abortions after the first trimester. I think that that might be the most chaotic, immediate implication aside from undermining taking out the whole like shield, you know, taking all out all above board providers by telehealth providers. So it really would be like a systemic catastrophic upset.

Elisa, do you have any sense of what the response would be from our side, politically? I mean, if it went to the Supreme Court. And like that that's just that's that. Right. And then Democrats are just like, no, we've been trying to deal with this since 1873. We've known it's been there. We just haven't gotten to it.

EW:

I don't know if we get to a point where Comstock is enacted. We're in deep shit.

AB:

Right.

EW:

Just in general about everything that will be going on in this country. Not just abortion. And I mean, I do think that people will be bringing things, bringing supplies in from overseas. We will be setting up underground networks similar to pre-Roe.

AB:

Yeah and like setting up trucks, shipping lines and all sorts of shit.

EW:

Yeah, yeah, I think people will be stepping up. People will be taking risks more so than they are doing already right now, and people will be stepping up to help each other. But it's not going to be enough. Also about later gestation abortion. There's going to be more demand for that, because the earlier abortion isn't going to be available to people.

So it's, you know, it's gonna be horrible. And the systems, the alternate systems that we have that, you know, might be bringing things in are just not going to be enough for the million plus abortions that we know are needed every year.

AB:

Lauren Hattaway, do you have anything to add from an organizing activism perspective about the Comstock Act before we move on?

LH:

There is a really great episode of a podcast called Citation Needed about the Comstock. They break apart the person, Anthony Comstock. It's 30 min. It's hilarious. You also find out that he was such a jerk that he didn't believe in anybody like partaking in libations, and he would take his beer rations as he fought for the South in the Civil War, and he would dump out his beer rations in front of his buddies because he felt that no one-

AB:

Oh my God.

LH:

Yeah. He's just a jerk.

AB:

What a little bitch! Just the worst! Like the worst person ever.

LH:

Yeah. So I will say that the only thing that makes me feel better is thinking, and this is not to plug democracy, but I will say, the only thing that makes me feel better is that when I drop off my ballot Anthony Comstock would be so angry, and then I drink my own beer while I still can to just rail against this. Yeah.

AB:

You fluzzy.

LH:

Oh yeah! Slutty table of one over here and living the life Anthony Comstock would hate. But so just in if that podcast really, but it does break it down in a very hilarious way in saying, no this person has been out for us forever.

AB:

That's great. Will you put it in the chat?

We've got a good question in the chat that is relevant, that is: could this potentially also restrict manufacturers from shipping as well? My paranoia backup for our clinic was always a road trip to go pick it up if needed. I'm bringing this up because it might actually restrict the amount of pills available to begin with. For those needing some optimism, there are foreign companies that sell Mifepristone powder. Pill presses run between \$500 and \$1,000.

Wow! That's the kind of hot street level tip that you get here at Abortion Academy. Thank you, wonderful guest in the chat. Elisa, do you have a response to the manufacturer angle of that question?

EW:

Absolutely yeah. It would restrict all mailing of pills. The distributors wouldn't be able to distribute. I think the only people who would distribute would be the websites that sell pills. They, you know, are eager business people who want to make a buck on this and the community networks that are, you know, a very mission driven person to person support, mutual aid support network. So those are the groups, and you know, and the international telehealth services, which are also very mission driven.

Sometimes people don't understand that. But you know, the folks behind Abortion Pills In Private, Women On Web, obviously, and then Aid Access. All are mission driven abortion advocates and have clinical support behind them.

AB:

Let's move on to shield laws. And I think, Elisa, if you could just like up top, give a brief refresher on what shield laws are, where they currently are and how they've impacted access post jobs.

EW:

Yeah, this is a really exciting development that's happened over the past couple of years. Massachusetts was the first state to pass a law. And then there's eight states total that have laws that basically protect the licensed medical provider to do telehealth into a state that has a restriction, or into any state.

It's a very disruptive way to get around some of the legal restrictions. It used to be normally, I guess, in the way telemedicine works, the provider would have to be licensed in the state where the patient is sitting. But these shield laws really change. Either change the location of the service. So that's what Massachusetts law does. It says that-

(Spanish Interpreter starts speaking.)

AB:

We..we just-

Interpreter:

Sorry I've lost. I've lost the interpretation channels. Hello! This is Interpreter. I no longer have the tabs. I'm so sorry.

AB:

Weird.

Oh, okay it looks like it maybe just came back on.

Michelle:

Yeah, I think it did come back on, because.

AB:

Okay, thank you. Maria.

EW:

It wouldn't be a webinar without technical difficulties, so glad that's solved.

But anyway, these shield laws make the providers feel comfortable that they can take the risk of providing care into restricted states, because their medical licenses will be protected by the states that have these laws, the eight states. They also feel like they would be protected from extradition by the restricted states. And the ones who are doing this are, you know, have made very deliberate decisions that they feel safe enough to do it, that they're doing it.

So that's what the shield laws are, and it's totally blown open access in the restricted states. There was a report that just came out by We Count, which has been counting the numbers of abortions in the United States that are done, you know, by mainstream medical providers. They're not yet counting the community networks. They're working on that. And the websites that sell pills. But they have shown that in many of these states that have total restrictions, there's actually more abortions happening now than there were prior to Dobbs. And this is because these shield providers are mailing pills into those states after, you know, either a video visit or most of them don't require a video visit. So you're just going online answering basic medical questions and getting them. And, you know, through justice oriented pricing. So if you can't afford the \$150, they enable you to reduce that price to whatever you can pay. And so some people are getting it free. Some people pay, you know, the providers tell me they get people paying \$14.92, which maybe reflects what's in their bank account. You know, they're really compassionate in helping people access the service. And they're making a huge difference in access.

AB:

And it seems like they like specifically, with really low income people in restricted states, like an option that is sliding scale, and that convenient, which, you know, if you're poor, like inconvenience equals I might not be able to make that happen. You know, if you're trying to navigate childcare and transportation, and taking the day off of work and coming up with \$700 to get pills in a clinic, you know, across state lines like that's just not going to be doable for folks. But, you know, pills in the mail for pay what you can. That's, I think... I mean, do you think that this is one of the primary reasons why there are more abortions in restricted states? I feel like you were just saying that. But...

EW:

Well, yeah, it is. When you look at the numbers there, there are people traveling. Obviously, there's more travel, and we know that that is expensive and logistically challenging for people. But for some people it is preferred. They want to ensure that legally there are no issues, or maybe they want a procedural abortion which you could only get by traveling. And so obviously, there are a lot of groups that are, you know, doing their best to help in this horrible situation with the funding and everything. But we also know, you know, equal...probably equal numbers in many of these states are getting the pills just mailed to them, and we know that people like that. They like the convenience. They like this. One of the things they really like is the ability not to have to have a face to face with a provider. A lot of people have already had an abortion. They already know what it's like. You know, they've used the pills before they just want the pills like, just give me the pills, right?

AB:

Yeah.

EW:

And then the providers that have been using these different mechanisms for discounting are also learning about how that works. And sometimes you have to ask for it, and we know that that's a deterrent, having to ask to say I can't afford this, but some of some of the providers have it integrated in into their their system, like, you know, ABuzz says the cost of providing this about us, providing this care is \$150. We understand if you can't afford it. You know, can you afford this amount? And then you say no. And then it's just on the screen. Can you afford 110? No. And then what can you afford? We'll take whatever you can afford down to 0.

And so it's really an empowering thing that enables people to set their own price. It's not asking for documentation. It's not creating a delay, because, you know often if you have to make your appointment and then go to a fund and then come back, and you know, if you're not there by Wednesday, or whatever, and the money's run out, and you have to wait a week. You know, there's all sorts of issues with how funding has worked, and to have it just integrated and a trust the patient type of way is a really new and, I think, liberating model that I hope flourishes and moves forward.

AB:

Absolutely and so like, obviously, shield laws could be challenged regardless of who wins the Presidential election. And I think that it's pretty inevitable that these laws will be tested in some form or another. And, we just don't know what will happen yet. I want you to talk about what you think would happen if it... how providers might pivot, and how the sort of ecosystem of access would need to pivot if that were to happen if shield laws were compromised.

EW:

Yeah. And you're right. We absolutely expect that shield laws will be challenged at some point. And, in fact, I'm surprised they haven't been challenged already.

They've been in operation almost a year and a half now. Aid Access started using this model in June of 2023, and Abuzz quickly followed, and others have, you know now there are probably at least five telehealth providers that are using shield laws to serve all the different states. But when we talk to lawyers about this, they... in some cases, they might need to wait for a case that you know involves harm, right? Like...

AB:
Right.

EW:
If someone's been harmed by this. So because the drugs are so effective and safe.

AB:
Like, in order to have standing, they would need to have an incomplete abortion or something?

EW:
Something like that, or something that you know caused them harm in some way. So far, they have not been going after, in any of these cases, they have not been going after the providers. Unfortunately, we, as we know, they're still going after people who've had the abortion. So that's a piece of it. The Shield Laws are not protective for people in the restricted states. There's still a level of risk, even though it's fairly low. But it's still a risk, and it's horrible if you're the one that is somehow impacted by that.

But so they're maybe waiting for the right case. The lawyers also tell us that when these laws get challenged, it's not going to be about abortion. That's not going to be the topic, the topic is going to be about how states have always participated in a sort of mutual... Well, so it's about...It's about mutual agreement to help with-

AB:
About like the Extradition thing. Which is It's like such a fucked up word to even use about interstate enforcement.

EW:
Right. But that's how the states have always operated. They've always agreed that they would help each other with this sort of, you know, any kind of criminal activity, and this totally disrupts that. And so that would be a challenge.

AB:
This is why I am ready for the part of the future where, like the Bob Ferguson's of the world. Bob Ferguson is the current Attorney General of Washington State, where Elisa and I live, and he's like one of these guys who's like, I think, poised to become like an activist politician essentially in his not only like.... he's like, I will never give you up. I will never let them take you, I will

protect providers and abortion seekers in my state full stop and I think that it would be cool if other attorneys generals followed suit, you know.

EW:

Yeah, and they're, I mean, they have been banding together. The liberal attorneys general have been banding together to support abortion rights and support access. So yeah, and-

AB:

But like when push comes to shove, if they try and do this, it seems like it could create...like a lot of the things that we're trying to talk about like how will this play out? It's unknown, because this is like an unknown level of like who has the trump card? That's the wrong word. But like who wins this game of rock, paper, scissors in this wacky Federalism experiment, and we don't know the answer to that question yet, because this is all new territory, and so like something where there's this block of liberal AGs. And there's someone else challenging a Shield Law and saying, no, Washington State, give us that abortion activist that was sending pills into Texas. We don't know what happens if they say no, you know?

EW:

Right. Well, in the same way that we didn't know that we could do Shield Laws, right?

AB:

Yeah, exactly.

EW:

It's a totally new innovation. And we've heard, you know, there was a documentary made about Plan C called Plan C, and some of the shield Laws that are now in effect were inspired by people who saw that movie. Senator Nancy Skinner saw the movie and then she put a Shield Law in place in California, right.

AB:

Oh, yeah. That's amazing. That's amazing!

EW:

So that's why we need to speak out. We need to talk about this. We need to talk about the reality in our world. If we look bigger than the United States, we can see that all sorts of countries have way better access to these medications than we do.

A lot of my work has been international. And that's, in fact, how we got inspired to start Plan C is Francine and I were in Ethiopia doing a maternal mortality evaluation, and we sent our local colleague in to a pharmacy in a town in Ethiopia, and she came out like five min later with a pack of, you know, an MTP Kit, a Medical Termination of Pregnancy right for like \$6. And we said, what the fuck you know. What? How is it that in in the United States we're just so fucked up about access? And it's so limited. And yet we knew that these were being socially marketed

in, you know, countries. In India they have, you know, probably three quarters of all pills are just purchased right off of pharmacy shelves.

And so, how can we get to that level of access in the United States? We know it's safe. We know it's effective. And so you know, just like new ideas, new thinking. I think we're so stuck in the US about how we think about abortion. We've been fighting for it for so long to be safe, and providers have embraced that, and providers are providing, you know, amazing quality of care and everything. But we also think there's a different way it can be available that's much more easier to access and can be less expensive and less gatekeeping for access.

AB:

Yes, in the words of my friend, Dr. Monica Mclemore, this could all be different. And in the words of Ursula K. Le Guin, we live in capitalism, its power seems inescapable, so did the divine right of kings. Any human power can be resisted and changed by human beings. Resistance and change often begin in art, and very often in our art, the art of words. So just like Elisa just said, we got to talk about this shit, and sometimes talking about this shit changes the practical reality for other people just like you just mentioned with the Plan C documentary. I didn't know that. And that's amazing.

Moving on from shield laws. Lauren, do you have any shield law contributions? You got any links to drop any tidbits? Okay, we'll keep it moving.

Okay, next we're gonna talk about EMTALA, which boy, oh, boy, this Supreme Court this day of SCOTUS arguments put me in bed for about a day and a half, because this was the one where they were arguing about. How many organs is it okay for ladies to lose if they're, you know, having a weird pregnancy.

So, okay, Elisa, break it down. What's what's going on with EMTALA?

EW:

Yeah, basically, how close to death do you have to be before they'll treat you? That's what this is about.

So, EMTALA, I don't know the exact acronym, but it's the Emergency Medical Treatment Act something. There's a few extra letters in there, and basically it is a law, saying that if you go to an emergency room with a life threatening condition, that emergency room has to treat you. But because of these abortion bans, the hospitals are saying, Oh, but I can't treat you, for you know retained contents in your uterus or ectopic pregnancy, whatever, you know, because that would be abortion, and the state law says that, you know, I can't treat you or I'm gonna be accused of murder, basically, you know. So there was a lot of delay in access to treatment. There was harm caused to people.

AB:

I mean Amber Thurman lost her life as a direct result of doctors and lawyers and medical boards being afraid that they would catch a lawsuit under this.

EW:

Yeah, delaying treatment, and we knew that would happen. [There are] cases in other countries where that's happened.

AB:

Of course. Yeah, I mean, finding, you know, putting your finger on the moment right before someone dies is like an inexact science. And some people are gonna die. You're gonna pick the wrong one.

EW:

Yeah, so the issue with EMTALA is that the Biden Administration issued a clarification to say, You know, yes, you have to treat this, and you... this supersedes your state law, and you are not going to be in trouble if you do that. But it was just guidance from the administration right? And so, in a different administration, they could issue different guidance. You know the guidance could be no, the patient here is the fetus, whatever gestation it is, and you cannot treat, you cannot treat in a way that would endanger the life of that patient right, which leads people in a very precarious situation. So it really...it makes it impossible for medical providers and one of the conferences I was at recently, they were talking about this. They were talking about having to tell their patients, you know, this is the treatment you need to save your life, or to save your future fertility, or whatever. I can't provide it to you, because I could be put in jail for murder. And you know, providers have lives and families that they wanna protect as well. So they're having to make those types of decisions. It's just awful. They're not making decisions based on, you know, best medical practice as they want to be, as they have as they're trained to be, as they've taken an oath to provide that care. They're making decisions out of fear. And those you know. Unfortunately, it's not the fall of the providers, but unfortunately, the impact is detrimental to the person who needs the care and their health.

AB:

Yeah. And I want to say after the Amber Thurman story came out and Candy Miller right afterwards, I was was thinking about how horrifying it is to me that doctors in these situations are being like leaned on by medical boards, by lawyers, by the hospital administrators whatever who are saying like, you can't do this.

And I was just thinking, like man, if I was ever in a situation where someone was like if you save that person's life, I'm going to sue you. I would save that person's life and figure the rest out later, not to say that, like... I also don't want to put that expectation on any given individual, but it surprises me that there are not more instances of conscientious objection from providers who just are like, you know, my Hippocratic oath. Whatever my! I am answering to my God, or proverbial sense of what is right and wrong in this situation, and not this fucking administrator.

But someone pointed out in a twitter thread that it's not as simple as just like no, fuck it, I'm like going rogue and doing this surgery because you need like an OR team, and you need like sterile equipment, and all of that kind of stuff like it is just not as simple as I'm doing it, anyway. And it's just like another example of just layers and layers of structural prevention of people doing the right thing. It's not just like people being cowards or people who want to protect their pensions, or whatever.

I do think that, you know, we've been talking a lot about all of these potential ways that we could legally backslide. It's like, well, fuck it, there's word... you know, this is a fundamentally like freedom is unregulated, and we're doing it anyway. And all of that kind of shit. This is one of those situations where if this happens in the bad way, people will die, and it's not something that activists can prevent. But I do think that if and when those things happen, we need to organize around them. And that's something that I personally have, like a lot of complicated feelings about, because I don't think that people who die in these situations have consented to political martyrdom, nor have their families, and I really just hate the way that, emphasizing these situations sometimes can feel like it's still sort of exceptionalizing tragic situations in abortion world. And it's just a difficult thing for me to want to rally around.

But it's clearly going to be a part of our future right as activists as people doing this work is, people are going to die, and EMTALA is going to be a reason that people die. So what is the status currently of the case if you can remind us, Elisa?

EW:

Well, right now there's the you know, the Biden Administration guidance that you can. That you know you can provide the treatment. And so. But you know, as we saw in the case of Andrew Thurman, it didn't. It wasn't successful in convincing-

AB:

Right.

EW:

The hospital to move forward, so yeah, I mean, this is a really hard one, because it is in the, hopefully, very small number of people who do need that really critical care in any situation. And this is true even for miscarriage or pregnancy in general. Right?

AB:

Right.

EW:

It's not just about abortion. It's about broader healthcare than that, but it is about the reproductive health of folks who are pregnant. I do think that people will step forward in these sort of underground ways, using aspiration, or in the same way, pre-Roe that you know we mentioned before. We also know, already, our trained community volunteers. Really, they're not medically trained. But maybe doulas or you know, midwives who are already doing this in their

community. They already are using suction aspiration to help with things, and I think that that will increase, and to the extent that we can help enable those folks to get the types of equipment and cannulas and other things that they need that can help make it as safe as possible.

But yeah, you had mentioned earlier this idea of conscientious objection which, by the way, is protected by law now that somebody can say I'm not going to provide abortion care because it's against my religious beliefs. But the corollary of that is conscientious provision, right.

AB:

Right. That's I guess. Yeah, that's what I meant. Like, I object to not providing.

EW:

Right? Yeah. And so we looked into this a couple of years ago. We asked the lawyers. We drilled down like, because we had providers that wanted to do it. They wanted to do conscientious provision, saying that it's my oath it's my training. If somebody comes to me asking for help, I need to provide them. And that's what Dr. Rebecca Gompertz always says about her service Aid Access: ' People are coming to me for help. It's my duty as a doctor to serve them', and she's been very clear on that the whole time.

The providers in the US... We were hoping the lawyers would say, yeah, that could be an argument that you could use to defend yourself. There could be a court case, etc, they basically all said. And of course we went to one lawyer after another, asking the same question, hoping for a different answer. They all said that would not be a good strategy. You would lose that a conscientious provision is not something that's recognized, even though ethically it should be if you have conscientious objection on one side, you have to also protect conscientious provision.

As a result, we couldn't find anybody who was willing to take that risk. But that was like five or six years ago, we were exploring that option. Providers have shifted in their risk tolerance. I think there probably will be people who step forward as conscientious providers, despite the risks that they take to their families, their financial situation, their licenses. People, you know, if we get in a really bad situation, people are going to be stepping forward.

AB:

Yeah, absolutely. I want to shout out a really cool book which is called Deep Care, by an author named Angela Hume. And it's about a group of women and queer folks in the Bay Area in the eighties and nineties who did a lot of manual vacuum aspirations with Dell Ms which are like homemade analog abortion suction machines made out of a mason jar, basically, and surgical tubing. And it's a really amazing book. It's kind of like an oral history. And, you know, this was post Roe v. Wade, and these folks were motivated primarily by demedicalization, essentially. And the idea that male doctors in the patriarchal Western medicine system was not giving them good care, and they didn't want to go through those channels to know what was going on and like deal with their own bodies and get the reproductive outcomes that they wanted, and it's a really cool book and I like Angela a lot, and I encourage you to pick it up. It's definitely like a...

you know, I'm not trying to tell everyone on this call that they could go out and do a vacuum aspiration, but I would never say that I don't think they could.

I think that we're capable of a whole lot. And we'll never know the ways that we learn the things we learn, you know, and it's just a tool in the toolkit. Some people are going to do it, and I'm grateful for all of them. So, anything else about EMTALA? Our final most creepy, maybe. I mean, it's all very creepy. But the final possible political reality is recognizing fetal personhood in the Constitution. It's a real... it's a real bummer of an outro. I can't even bring myself. The first bullet point says, this would give fetuses of all gestations human rights to due process and equal protection under the 14th Amendment.

Elisa, will you?

EW:

It's crazy. It's crazy. But the more remarkable thing to me is that this idea actually has been used. It was used by Abraham Lincoln to abolish slavery after the Supreme Court had confirmed it in a case so, you know, this argument has been used for this power.

AB:

When you say this argument, can you define what you mean?

EW:

Well, it's executive powers. Executive powers have been used in this way to make a decision that counts.

AB:

You mean that the President is making an executive order that doesn't go through Congress and is...and you're saying there's a precedent from. I'm just wanting to clarify that you don't mean that Abraham Lincoln invented fetal personhood when he-

EW:

No, no, no, that he used a similar mechanism. He used the same mechanism to abolish slavery, right? So that is something that was the good application, obviously, of this. But it can also be used for evil, you know, in this case, right? But all it is is executive, the Presidential powers. And that it could override the Supreme Court. So, even though we know that the Supreme Court is not on our side anyway, because it's, you know, stacked with Trump appointees. And again, I think that you know what what would happen is mainstream providers aren't, you know, if that happens, that's total abortion ban all gestations, you know, nothing happening in the United States through through mainstream providers, but only through alternate sources that you know the networks and the online pharmacies and any other creative mechanisms that we're able to come up with it moving forward.

AB:

Why are Democrats such babies when it comes to...no, no pun intended. Why are they such losers when it comes to just throwing some shit at the wall Executive order wise and being like no. Why don't you like forcing the other side to fight, to curtail the power of the Executive branch in doing something like this, you know, like they're just so bad at power. It's unbelievable, just like the other side is just like throwing shit at the wall, left and right, and then, you know, a bunch of it works, and then we're like less left chasing them down all of those paths. Why are they not trying to do a you're not a person executive order like?

EW:

Obviously, I can't answer that question like nobody can answer the question. But why are they so afraid of talking about abortion, right? And talking, and just making general statements about abortion, let alone other things.

AB:

I mean, I think abortion stigma is the answer to that broadly, you know, it's like the opposition rebranded abortion as murder in the late eighties, early nineties and Democrats kind of fell back on their heels and didn't really know how to engage with the issue in a more complex way or push back in from a values based perspective. And then I think that they realized that the only people that were really getting fucked over were poor marginalized people and people that they were comfortable selling out, and they, I think, just sort of kicked that can down the road with a whole lot of people just sort of being politically avoidant and just wanting to do what's best in their tiny mind to get elected the next time to secure power, and we just they gave the whole game away. They let the other side run the table on the the whole rhetorical and legal definition of what the fuck this is, and the cultural one as well like with very little pushback.

So this is why I think it has enormous material consequences for us to say that abortion is good for individuals, society, families, and the world at large. And we're not apologizing for... we're not like, yeah. This thing's kind of bad, but sorry we need it. We're like, no fuck. Yeah, this isn't. This is good, and it is ours like.

EW:

And you mentioned earlier that, and I think you're right, that now part of the reason there's more abortions is because there's so much talk about abortion. It has been destigmatized somewhat. You know, the fact that we're out there just saying this is normal. This is care. You can get it. You know you're good. We love you, all of that.

AB:

Yes.

EW:

You know, a lot of people have been saying all along right? Our side has been trying to put that forward. But this having the national spotlight on abortion, and having these, you know, crazy ass judges-

AB:

Yeah.

EW:

And decisions, and all of that just in us being able to receive...(unintelligible)

AB:

Yeah, it's very clear who the normal ones are in this-

EW:

Yeah.

AB:

In this moment, you know. Yeah.

EW:

Yeah. And so that's what I often say to the press is like, you know, our best advertising for this being normal and healthcare and available is when Dobbs falls, or when you know some crazy judge in Amarillo, Texas is saying, you know, this is moving forward. But it's all this sort of crap that's out there that is destigmatizing and normalizing abortion, I think.

So that's a silver lining of all this stuff that we're fighting every day. But we can get there. We will. We will get to a different future of abortion access. We will get to over the counter access, we feel sure. Whether it's in my lifetime or not, I don't know, but you know we have to keep that vision alive of a radically different future for abortion access, and it's up to us to keep saying it, to keep putting it in people's minds.

You know, I was at a meeting recently where we were talking about what are the best case scenarios like if it is a Harris administration, what's our dream? And we had these breakout groups and Plan C has always been the one that's in the room saying over the counter access. And everybody's been looking at us like, you guys are nuts, that's never gonna happen, right? But in this meeting with these breakout sessions, I think five out of the six groups had over the counter access at the top of the list. So you know, it's-

AB:

Yeah.

EW:

It's changing. People are. The gatekeeping is changing, you know, when we first started talking about this years ago, and saying, we just need to, you know, get pills to people, put them directly in their hands, let them manage, there was so much pushback-

AB:

So much anxiety.

EW:

From the reproductive health community. People were saying, this is not quality care. This is terrible for the person. This is, you know, leaving them alone. All this stuff. And we pushed back and said, this needs to be a way that these pills are available because we know that people do want it and can use it. And it is happening in other countries, in ways that are very positive.

AB:

Now, like two and a half years out from Dobbs, or whatever, we have unassailable data that proves your point. So you're not just like, you know, activists that are trying to drag people out of their comfort zone or whatever it's like we have...the data is here. This is not just a last resort. It's a great option for a whole lot of people, and it is the only way that we currently have to expand and truly democratize access to abortion outside of systemic constraints, whether they be political or medical.

Everybody should be talking about the fact that if you live in Washington State, in New York, in California and Oregon, yeah, you have great abortion laws. Also you don't need to go pay \$700 at a Planned Parenthood for a doctor to drop abortion pills into your hands, that you could get for free, or \$20 or \$30 from a reliable source for medication, and then, if you want support, you can find medical support from the Miscarriage and Abortion hotline. You can find legal support from the Repro Legal Helpline. You can find peer to peer support from Reprocare. You can find emotional support from all options you can find. You know, a community of like people who want to talk about abortion and destigmatize your experience and tell your story through SYA, like you can have maybe a more supported experience than if you were to just go have one or two face to face exchanges with a doctor at a clinic. And you know we have been taught to believe that that is better care. And I think that that is just like coming from a really internalized and I'm, you know, I love abortion providers. I want abortion providers to exist. I will fight for abortion providers, especially independent abortion providers forever and ever and ever. And also I think that the idea that medication abortion is better administered by a doctor and a provider in a medical setting is coming from a place of paternalism and sort of like adherence to, just like the idea that we need doctors to do this for us. And sometimes we do. And also a lot of the times that we have been taught to believe that we do, we don't. And also we are powerful, and have the ability, I think, to care for each other in really complex, loving, compassionate, patient centered ways that are more supportive, and maybe lead to better experiences than people are getting through traditional medical channels. So I truly believe that this isn't just a last resort. We can build a better world together. You know?

EW:

Absolutely, absolutely. We need to be knocking on Amazon pharmacy doors, saying, when are you gonna carry these pills? And how are you gonna do this from a Shield Law state, so that you can serve the entire country with this. We need to have all of these, you know, Nurex and the pill shop, and all of these sort of app based things that are making it so convenient for

people to get birth control to be given abortion pills as well, and that is what we see as the future. And we've been seeing that.

AB:

It's gonna be the future.

EW:

For the last 10 years, but we're making progress. That's the good thing.

AB:

Yeah, you called it. And then you helped to build it. And now it's like off to the races. And we just need more people to help, and that seems like a great segue to hear from Lauren about opportunities for people on the ground to get involved in supporting, supporting awareness about abortion pills, and any number of other things.

LH:

Yeah, no, I think you all put it so wonderfully, you know. I think the other amazing thing is that none of this exists in a vacuum, and EMTALA directly affects people who don't have funds to healthcare, because if you go in, how soon do they turn around and just deny people because you don't have insurance and you don't have this. You don't have that. It's also two Shield Laws. It's all born out of a level of capitalism.

So, creating community is a way to also commoditize the commoditizer. So, in that there's a lot of ways you can connect with other people. One being the Plan C community discord. It is safe and secure, and I will drop this in the chat right now.

The first thing I should say is that you have to have your own level of threat assessment. I live in a big blue city, in a big blue state. If you don't wear a shirt that says Resist in Los Angeles, are you in LA like? But recognizing I don't know what it is like to be trying to get access in North Carolina other than hearing from activists in that area. So always take this with a level of your own protection. We do as of right now on plancpills.org/stickers. We have our free community stickers. They are QR codes that lead right back to our comprehensive pill guide, and I'm happy to say we now have them in Spanish. The QR code stickers are always available for free and allegedly, they stick everywhere so you could put them anywhere, allegedly. And that QR Code goes right back to the Plan C Comprehensive pill guide that allows you to access medication abortion in all 50 States right now.

Another great way to help out before next Tuesday is making sure that you vote. Lauren, as a person has... I have my own views, but as a person who works for a 501c3, all I'm telling you to do is to vote your conscience. Vote what best represents the change you want to see in the world. Voting is much like an abortion. It's no one else's business. It should be, in the United States, it should be a right for all. But the best way to be heard is to vote. I recognize it's really dire but if we don't do anything, if we do nothing, nothing happens. And there's a lot of other

things to vote for down ballot in your specific area. Those are the most direct ways that you can protect the street you live on, and that builds up from there.

Another way to get help and help others in this uncertain climate is you can order these pills in advance. You can if you just have them. They have a two year shelf life. You can have them for two years, and who knows where you might utilize them? Even if you are not a birthing person, even if you are not sexually active even. There is no reason not to have something like this in your, you know, cupboard. Don't keep them in the bathroom because the bathroom is an unstable place because of, you know, taking a shower, but keep them in a place that is damp. I keep mine in my underwear drawer, allegedly.

AB:

That is not damp. Keep them in a place that's not damp.

LH:

And if you don't need them immediately, you can get them for considerably cheaper on the Plan C Pills website. They'll help you find a provider, but they are cheaper, and you could hold on to them for quite a while.

And I would say, one of the biggest ways for us to combat all of this is showing that there's... in a capitalist society, showing that there's money in abortion. If we all start talking about it as the norm. If we all start talking about it as the thing you need to buy, as the thing you need to have. And it really would start from states where you're protected, ie. California, Oregon, New York, places where it's easier to discuss where you have a level of safety, just discussing it out in the open, really allowing everyone to know that this is available. It's easy, it's simple. It's discrete. Once it becomes a part of the everyday jargon, you know, as it's slowly introduced more thoroughly, more people just do it, and they actually can see how simple and quick and helpful this is, and I mean there was a point in time where no, you know, Botox has been around since the turn of the century, since the turn of the last century. Once it became something we all realized people have been doing it since the eighties. And now it's a joke. It's a joke. It's this kind of thing that you could get when you need to. But it's a billion dollar market. So not everybody's going to need an abortion. But if everyone just knew that these pills were out there to get it, it just becomes the next thing you're a part of.

And I guess I'll leave on a parting shot that the best thing I can say is that all of the people that are trying to stop access to abortion, and impede this level of the future, they're not their best and brightest. The best and brightest are over here, and that's what leads to ingenuity. And that's what leads to different levels of access. And that's what really destabilizes a level of power and puts it back with the people that are going to push this forward. So, go Dodgers, and order your pills.

EW:

And also, I wanna just give a big shout out to Lauren, who's been organizing this Plan C road trip with all sorts of local partners to really get the word out and highlight that pills are available.

And that's the type of fun stuff that people can get involved with through the Plan C community and Lauren's been a real cheerleader on all of that, being really creative and outgoing. And so, thanks to you, Lauren, we can work on this, and with great optimism. I thank you for your optimism.

AB:

Yeah, you're like an abortion pill Energizer Bunny, and it's contagious. If you need some juice, go to some place in the computer where Lauren is, and she'll get you hyped.

LH:

Or you can go to the road trip stops. I completely forgot. Thank you. At least, I've only been working on it for the last nine months.

AB:

Can you put a link in the chat to how to find those?

LH:

Yes! And this information will live on the Plan C website for the next nine months or so. So if anything is to happen that isn't savory on November 5th, know that all of these orgs that are listed that were a part of our road trip stops are trusted orgs. So they might be in your area where you could get more information from them, follow them on their social media. Again, just a building out of community. One day, the goal is one day live a life that HBO does a six part documentary on you. So this is where those things start.

AB:

Wow. That is, I mean, you know, different goals for different folks. I just want to not be unhoused. But it sounds, you know. Maybe we'll still be friends, and then I can live in your estate.

LH:

But you'll live in infamy on HBO. Those are the good ones.

AB:

Right. Oh, boy. Well, this has been fun. I feel like we did a good job. I hope that folks felt like... I don't know. I hope that it felt good to talk about these things and just look at them head on and, ultimately, I guess my call to action is I'm really interested in a future where we stop talking about abortion access, as if it is contingent on politics and on court decisions.

And SYA was part of an informal brainstorm that came up with this website that we're going to be talking more about shortly. But we were thinking about the fact that, like whenever some little shit goes down, whether it's like a state level ban that maybe not, doesn't ever even go into effect. Or it's like ping ponging back and forth, or it's....there's a restriction in place currently like like whatever the deal is, at the end of the day people can receive pills by mail, and they can

talk to an abortion fund or practical support organization about how to leave their State to access in clinic care in another state. And that's going to be true forever.

Those things are always going to be true. So we decided to make this little pop up website called, you always have options.com, or affectionately, Yahoo is what we call it for short. And it's intended to be this really simple like...Ultimately, we want when there's a political inflection point moment, and people who are on the right. People who like to know what's up, generally feel like they have to either choose between posting a link to Plan C, a link to the local abortion fund, or maybe to the National Network of Abortion Funds. But it's not really posting like this, just really basic like, you can still have an abortion. Here's how these are the core set of resources. You need to do that. And it's also just like this evergreen rallying cry that is the answer at any given moment to like. What's the deal with abortion in Alabama? What will happen if that law goes into effect in Florida? You always have options.

And so we're excited to like to roll this out and keep talking about it. And the reason I bring this up as sort of a call to action is that I think that if the really bad thing happens a week from today, people are going to be freaking the fuck out and talking about abortion in absolutely apocalyptic terms, and we get it. And we also want to be helpful. And there are people all over the country that are working now, and will be indefinitely to help people get what they need, no matter what. We just need folks to know that options exist. So you always have options.

If you're wondering what to post in a given time, go check out this website we made. It's cute. It's getting a makeover soon, like I said, SYA will be talking more about it in the near future. But let's all hang on tight. Let's all take breaths. I keep literally realizing that I'm holding my breath like not just right now, but in the last couple of weeks, or whatever, and we have each other and just like my book says, abortion belongs to the people now and forever. That's a fact.

So, I don't know. Let's just keep one foot in front of the othering and do our best, and much love to everybody who hung in for this long and heated session about scary things, but I believe in us completely, and I absolutely believe I know that we are going to win. We just are.

EW:

We will prevail, and abortion pills are unstoppable.

AB:

Absolutely, yeah.

EW:

And there is a world in the future where, when your period is late, you can get the pills on your grocery store shelves, or Amazon prime, or whatever they're going to be affordable, accessible and safe and effective. We have the technology, and we're going to get there.

AB:

Absolutely. Without a doubt. Indubitably. Everybody, hang in there. Elisa and Lauren, if you wanna hang out for a second and have a quick goodbye debrief, and everybody have a rest of your week.

Stay with us, and we love you and thank you for being here.