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Sharing Information as Political Praxis Among Activists for Self-managed Abortion

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We enter 2024 following 18 months of escalating losses of rights and bodily autonomy for people with the capacity for pregnancy and those who live outside the gender binary, along with a corresponding rise in creative, determined resistance. Abortion bans have a horrifying impact on the lives and health of anyone facing an unwanted pregnancy, and can have serious consequences for those who develop severe health problems during a wanted pregnancy (Perritt and Scencirro, 2024). Yet the power of everyday resistance has been so strong that the abortion rate has not declined nationally (We Count, 2023), even though almost half of states have imposed some level of restriction on access to abortion that would not have been possible under *Roe* (Center for Reproductive Rights). Forms of teaching and learning or, in the language of activists, of sharing information have been core elements of maintaining access to safe abortion regardless of the legal context. Contemporary feminist activism for self-managed medication abortion (SMA) engages with processes of circulating information and developing knowledge, including medical knowledge, as a central form of political action. The work that takes place within feminist activism around SMA challenges even progressive frameworks for teaching, learning, and the creation of knowledge.

This essay draws on a combination of research on SMA as a transnational feminist movement and my own experience as an SMA activist as well as someone long involved in harm reduction around drug use and HIV, another domain where social movements have been central to knowledge development. The SMA research involved semi-structured interviews with 70 activists across 17 countries from 2017 to 2019 with a few follow up interviews done in 2022 in the wake of the Supreme Court's *Dobbs* decision that overturned federal protection for abortion rights. Participants were recruited through chain referral (snowball sampling) and the majority of persons interviewed had been SMA activists for 5 to 10 years at the time of the interview. The material from this study has been published in two journal articles and a book, and a full description of the research methodology can be found in Braine and Velarde (2022).

Social movements are deeply involved in the creation and dissemination of knowledge, although they often describe this work using language that does not carry the hierarchical implications of "teaching". Feminist consciousness raising and self-help groups in the 1960s and 70s were explicitly horizontal spaces within which women shared experiences to develop an analysis of sexism and a deeper understanding of their own lives and bodies (Murphy, 2012). Workshops or trainings may create temporary spaces within which an experienced activist teaches others how to engage in a particular form of action, such as clinic defense (Hume, 2023), but unlike most institutional teaching contexts, the vertical elements of a movement training are usually bounded by the workshop space itself and do not involve ongoing power differentials. Movements engage with the production of knowledge through praxis that integrates feeling, action, and intellectual analysis (Lozano, 2018), as can be seen powerfully illustrated in the work of activists for self-managed abortion.

Community based health action outside the medical system builds through the development and sharing of information, including adaptations of scientific knowledge. For example, the most effective responses to HIV prevention have long emerged from within affected communities as activists integrate different forms of knowledge to share strategies, practices, and above all information about how to think about safety, risk, and pleasure in creative and adaptive ways. Similarly, women's health activists, across generations and social contexts, have adapted medical information and developed autonomous knowledge about female bodies in ways that center women's lived experience. While this article will focus on the work of 21st century activists for SMA, it is useful to first step back to place this work within larger historical and social movement contexts.

HIV offers diverse examples of the development of community-based practices and health related knowledge at the margins of or outside of the medical system. While HIV/AIDS activists engaged with, challenged, and operated outside of the medical system in a wide range of ways, the community-based health practices of safer sex and harm reduction offer the closest analogies to SMA. In the 1980s, activists within gay communities developed what we now call "safer sex" by drawing on early scientific research on HIV to think through strategies for interrupting transmission that would work within the contexts of urban gay male sexual cultures (Escoffier, 1998). These processes continue as both sexual contexts and knowledge about sexual transmission evolve, often in dialog with each other and in ways that continue to reduce risk through the integration of knowledge and practice (Braine et al, 2011). These community-driven strategies de-medicalize scientific knowledge through adapting it to community settings and creating approaches to risk reduction that center marginalized cultures and lived experience over the dominant models of mainstream public health.

People who use drugs began to adapt injection practices to reduce transmission even before the advent of syringe exchange programs and have been central to the evolution of drug-related harm reduction from the beginning (Grund et al, 1992; Friedman et al, 2004). Syringe exchange and overdose prevention emerged within networks of activists, including both active and former drug users, as community driven practices that reduced the harms of substance use -- or more accurately, reduced the harms caused by laws prohibiting the use of certain drugs which, in turn, create health (and other) risks for drug users. Activists distributed materials and information through drop-in sites, workshops, and grassroots networks to reduce the spread of HIV, often working at the margins of the law during the early years of harm reduction. SMA, safer-sex, and drug-related harm reduction all center the bodily autonomy of people in stigmatized situations, building health practices and spaces of safety outside medical control.

SMA and drug-related harm reduction in particular have many similarities but emerged from within social movements and contexts that were largely separate, and have only relatively recently come into active dialog. Both SMA and drug-related harm reduction adapt medical/pharmaceutical products (medications, syringes) for autonomous use by ordinary people within community settings, with activists in both movements adapting and sharing formal medico-scientific knowledge to inform their practices (see Braine, 2020 for a more in-depth discussion). Despite these similarities, however, the places where feminist health activists and (other) HIV/AIDS activists engaged in shared work largely did not involve abortion; women who use drugs and/or have HIV face more challenges to their right to parent than to their access to abortion. In addition, organized feminist action for SMA emerged in parts of Latin America and Europe where drug injection was not a major risk for HIV, and the drug-related harm reduction that existed had little overlap with reproductive health. The use of the phrase "harm reduction" in relation to abortion largely refers to practices by medical providers who cannot directly perform abortions but can provide pre-abortion counseling and post-abortion care if needed/desired. The silo-ing of drug use/abuse and abortion as separate domains has begun to break down, particularly in the US post-Dobbs, but the depth of stigma and criminalization surrounding drug use during pregnancy has deeply complicated the connections between these areas of grassroots health work.

In contrast, there are deep and sustained connections between contemporary SMA and the long history of feminist health activism across historical periods and geographic regions. The medicalization of abortion starting in the late 19th century could be understood as a rupture in the historically dominant location of abortion as an area of autonomous action among women, and SMA reclaims abortion as a de-medicalized experience. Before the Roe decision legalized abortion throughout the US, feminists had developed a range of self-help practices that reclaimed and de-medicalized women's experiences of their bodies and reproductive health (Murphy, 2012; Hume, 2023) but this brief window of de-medicalization faded with the legalization of abortion and creation of feminist health clinics. The Jane collective in Chicago in the years before Roe (Kaplan, 1997) were probably the most direct predecessors of today's SMA activists, performing abortions outside the medical system for women who called their phone line. Today, cellphones and the Internet have radically altered communication and access to information, while medication makes it possible for someone to have a safe abortion alone in their home (or anywhere else) with pills and 1 page of instructions. These 21st century technologies increase the possibilities for communication, and in doing so provide a basis for feminist solidarity through strategies that enhance access, autonomy, and accompaniment.

Digital technologies can enhance atomization and separation but also connection and community; in the hands of feminist SMA activists, they create the possibility for sharing information in contexts that also enable support and solidarity. Since the early 2000s, a few shared strategies have emerged globally despite an extraordinary diversity of languages and locations. The most essential, and adaptable, may be the Safe Abortion Hotline, which can be operated by a collective with a cellphone that is answered for set hours each week, an NGO with an internet-based call center that can accept calls 24/7, or anything in between. The first collectively run hotline was created in Ecuador in 2008, and the idea spread rapidly across the world until in 2023 there were at least 58 hotlines across 5 continents (listing from womenhelp.org). A hotline collective shares information with callers, provides mutual support to collective members around the stresses and rewards of hotline work, and shares knowledge and experience with other hotline collectives regionally and/or transnationally. Some collectives and NGOs provide accompaniment, which usually also begins with a phone call but then involves ongoing support between an activist and a person with an unwanted pregnancy, often by phone or text but sometimes in person, throughout the abortion process. There are also websites with information for download and telehealth services that mail medication as well as providing information and support by email. While the work may be done alone in any given moment, feminist support for SMA is fundamentally a collective process in which activists engage in mutual aid, sharing information and experiences with people confronting an unwanted pregnancy and with each other in ongoing processes of knowledge development (see Braine and Velarde, 2022, or Braine, 2023, for more comprehensive exploration).

At its core, feminist activism for SMA involves sharing information about how to use medication to have an abortion based on the protocols published by the World Health Organization and other medical or public health bodies. There is a certain radical impulse behind the action of taking control of formal medical protocols and claiming them for autonomous community use. When activists began doing this in the 2000s, they were working with protocols designed for use by medical practitioners (Braine and Velarde, 2022), although since then the WHO has published protocols that are explicitly for self-managed abortion, largely based on studies collaboratively produced by community activists and feminist epidemiologists (Braine, 2023). In practice, activists learn to literally share information when they accompany abortions, as they recite the protocol as instructions in the third person: "first someone would take the mifepristone, swallowed with a glass of water, and then 24 hours later take the misoprostol by placing 2 pills on each side of the mouth between the cheek and the gums, allow to dissolve for 30 minutes." I can say from personal experience that this form of communication feels unnatural in a conversation with another human being and requires some practice and self-monitoring.

The phrase "share information" is both a simple surface description of what activists do when they speak with people who want to learn about SMA and a legal framework that creates a space for limited but vital communication even within contexts of severe restriction and criminalization. In brief, it is legal to share information from a widely available medical protocol; it is not legal to

counsel someone or do anything that could be interpreted as giving medical advice. The step-by-step instructions may be expanded to include other relatively technical information, for example that the standard medications used for an abortion do not interact with testosterone and therefore can safely be used by persons in the transmasculine spectrum without pausing hormonal treatment. Even with relevant extensions, however, the structure of the communication remains bounded by the legal framework of sharing widely available information, not offering medical advice or counseling. This framework has enabled hotlines and other forms of support for SMA to proliferate throughout the world, even in contexts of complete prohibition on abortion (even to save the life of the mother) as in El Salvador and Honduras, and in Chile prior to 2017 (Braine, 2023).

Sharing information is a spacious and creative activity that can range from simply sharing the basic step by step protocol to more complex spaces of ongoing communication. In the context of ongoing support through an abortion, activists continue to share information rather than give advice or tell someone what to do, but the communication becomes more focused on the concerns of the moment, such as how many soaked maxi pads in what period of time might indicate a hemorrhage. Discussion of the social and emotional conditions surrounding or during an abortion are not constrained by the "info share" framework since they lie outside the medical domain. Activists in Latin America and sub-Saharan Africa described spending more time talking about the context for the pregnancy, and sometimes the logistics of the abortion, than about the protocol itself (Braine and Velarde, 2022). These larger conversations ranged across stigma, familial judgment, anger and shame at oneself, and domestic violence, as well as practical considerations like how to manage the abortion in a way that limits the visibility of the process. A Mexican syringe exchange activist who accompanies women who use drugs through the SMA process explained that renting a cheap hotel room was perhaps the most important form of support her program provides (personal communication, 2022).

Activist networks share experiences, insights, and observations gained through the collective accompaniment of thousands of abortions (Braine, 2023), enabling individual activists to benefit from this accumulated body of knowledge. Expansive understandings of the process of having an abortion, from the implementation of the protocol to the diverse social locations and emotional contexts within which abortions take place, give shape to the unfolding communication in any single encounter in ways that integrate the technical (and therefore limited) with the less constrained realms of the interpersonal and interpretive. As a result, the actual communications at the heart of activist support for SMA were never described as static or rigid, but instead as highly interactive, multi-dimensional, and sometimes exhausting (Braine, 2023). The dynamic process of bringing together information from diverse sources and contexts to inform a particular moment, issue, or encounter may be a common thread across social movement and more formal educational contexts, although the hierarchical elements of institutional settings tend to impose more directionality on the flow of information.

Learning within activist networks takes place in many ways and can occur without the legal boundaries necessary in conversations with someone facing an undesired pregnancy. In addition to the ongoing, horizontal pooling of experience just described, there are a variety of workshops that often have a more traditional, somewhat vertical, structure. Organizations will run general educational events, online or in-person, with information about abortion, SMA, legal issues, and how to get involved in feminist organizing. These are advertised through social media, flyers, and word of mouth in activist networks. Latin American SMA collectives have periodically run "abortion schools" to recruit and train new activists, and in these contexts the focus is on teaching the protocol and associated legal constraints; participants practice how to remain within the boundaries of "sharing information" without facing any potential legal hazards when they exceed the limits. In the US, there are analogous training events that vary somewhat in format depending on the immediate context and political goals. These kinds of trainings may take place in formally horizontal settings but would be recognizable to anyone who has sat in a classroom, non-profit training session, or a zoom workshop -- the US trainings often come complete with powerpoint and handouts. These instances of more traditional teaching-learning formats stand out within the movement, in part because of the contrast with the other structures of learning and communication.

Under some circumstances, movement activists share their knowledge and experience with medical providers and public health scientists in a subversive reversal of traditional roles and authority. I attended a full day meeting in Argentina in which activists and medical professionals interacted in a completely horizontal fashion anchored in movement principles of facilitated conversation and shared knowledge development. There are long-term, transnational collaborations among epidemiologists and activists to evaluate the care practices of accompaniment collectives, and the outcomes of second trimester abortions accompanied in the community (see Braine, 2023, for a general discussion; Moseson et al, 2020 for efficacy, and Bercu et al, 2021 for discussion of collaboration and research methodology). In countries with long histories of abortion bans or restrictions, activists may have more experience with second trimester medication abortion than medical providers (e.g., Zurbriggen et al, 2018), and doctors describe learning from activists. From an institutional perspective, community health activists teaching doctors or epidemiologists is a subversive reversal of structural roles, but it is entirely in keeping with movement practices of radical knowledge development and sharing among all relevant parties. The new element may be the acceptance by some medical providers and epidemiologists of a collaborative peer relationship with people who work outside institutional settings. While it is important to acknowledge this aspect of information sharing within the movement, a full exploration of these dynamics -- and the question of social movement engagement with scientific

knowledge in multiple fields -- goes beyond the scope of this paper.

What can we learn from these radical movement practices and bring into more institutional settings? The framework of "sharing information" offers an interesting model for at least some aspects of education. It decenters authority by locating the person who shares the information as a conduit for knowledge more than an arbiter of knowledge, and any potential use of the knowledge explicitly lies in the hands of the person receiving information, not the provider of information. The interactions that take place among SMA activists and persons facing an unwanted pregnancy center on a collaborative sharing of different kinds of knowledge in order to move forward. Someone who wants to end their pregnancy may need information about the use of pills and perhaps some emotional support, both of which can be provided by an accompaniment activist, but the process of the abortion itself lies entirely in the hands of the pregnant person. Teachers working within institutional contexts may understand that the adaptation, relevance, and use of the material we share, or teach, lies in the hands of students/learners, but the power structures within which these encounters take place still tend to dominate interactions. The institutional imperative to assign grades often draws the most attention in analyses of power, for obvious reasons, but the design of a curriculum intrinsically creates an educational framework within which "information sharing" in one educational moment/classroom exists in relation to other moments/classrooms/courses. The longitudinal, interactive, and mutually referential nature of teaching within a department or other shared curricular environment simultaneously creates valuable contexts for the information shared in any one course or classroom but can also limit the autonomy of students or the directions of dynamic collaboration in the moment.

The knowledge development practices of SMA and other community health activists offer an invitation, and perhaps a provocation, to the health sciences in particular. The horizontal, de-institutionalized processes through which activists generate knowledge about the safe and effective use of mainstream pharmaceuticals outside the medical system challenges traditional models of the teaching and learning of medical practice. This is not unique to SMA, and can be seen across the domain of women's health activism as well as in Black Liberation movements (e.g., Nelson, 2011). The history of HIV globally offers extensive examples of communities claiming, adapting, and re-imagining medical knowledge. Education in the natural and health sciences has often been rigidly structured and hierarchical on the grounds that this is necessary given the technical content of the information and the formalized, at times ritualistic, approaches to both educational and clinical practice. The information sharing and knowledge development work of community-based health activists may not translate directly into educational settings, but it models expansive practices within domains that are often seen as less adaptable and somehow less safe for nonhierarchical approaches to learning. Yet the power of these radically horizontal forms of knowledge development and sharing continues to be demonstrated daily throughout the world in places where access to abortion has been restricted or banned.

Last but not least, what can feminists in the US learn from this transnational movement that has changed the experience of having an abortion under restrictive conditions? It is important to begin by saying that a growing number of US activists have been learning from and participating in transnational feminist activism for SMA. A few have been involved since the early 2000s -- including some of the people doing train-the-trainer workshops in the US -- but connections expanded significantly when Texas banned abortions after 6 weeks (SB8) in Sept 2021, followed less than a year later by the Supreme Court decision in Dobbs. There are at least two abortion hotlines in the US, multiple websites with information and links, and an unknown (unknowable) number of collectives working close to the ground in their respective communities to accompany abortions as well as share information. There are active alliances with Mexican feminists who provide support to individuals in the US who are seeking abortions, and who work collaboratively with US counterparts around sharing experience, facilitating access to medication, and building cross-border solidarity. The US has traveled in the opposite direction from most Latin American countries, and the process of de-legalizing abortion brings very different political, cultural, and practical challenges than moving from illegal to increasing legality. This paper has focused on processes of communication among activists and with people seeking abortion, which are very different from the forms of communication that focus on legislative and policy change. The same activists engage in both forms of communication, in the US and transnationally, but in different contexts and through different processes (although ReproAction has shouted instructions for SMA through a bullhorn on the steps of the Supreme Court as a form of public protest). In the US, we need to follow the lead of women of color inside the US as well as those in the Global South by centering reproductive justice and human rights as the basis for law and legislation, while continuing to demonstrate the day to day power of de-medicalized SMA as autonomous, solidarity-based, action.

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