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No Doctors Required: Lay Activist Expertise and Pharmaceutical Abortion in Argentina

In August of 2014, the *New York Times Magazine* ran a cover story describing the work of Dr. Rebecca Gomperts and her organization, Women on Waves, a Dutch abortion rights group that mails abortion-inducing drugs to women around the world who do not have access to legal abortion (Bazelon 2014). The fact that women are using pills to subvert legislation that restricts access to abortion may be news to an American audience, but in Latin America, the practice originated more than twenty-five years ago and is widespread and well known throughout the region. Transnational activist groups like Women on Waves are playing an important role. But local activists in Latin America are taking the lead in promoting pharmaceutical abortion as a safer way to terminate a pregnancy in a context of illegality.[1] In Latin America the availability of misoprostol abortion has already reshaped the practice of clandestine abortion and has created opportunities for new activist strategies. This process contains intriguing parallels to the women's health movement in the United States and raises important questions for the sociological literature on transnational feminist movements and expertise. My focus is on activists who work outside, and parallel to, the formal public health system in Argentina, creating a legal gray area of access to reproductive choice.

Abortion has long been legally restricted in Latin America, and attempts to legalize the practice have been blocked by the Catholic Church and its socially conservative allies in all but a handful of countries. Only three areas in Latin America have legalized abortion: Cuba did so in 1965, Uruguay in 2012, and Mexico City in 2007 (Fernandez Anderson 2013). Latin America contains some of the countries with the most extreme abortion prohibitions

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[1] For a detailed discussion of the problems with the commonly used terms "surgical abortion" and "medical abortion," see Weitz et al. (2004). I use the term "pharmaceutical abortion" to describe abortions using either misoprostol or a combination of misoprostol and mifepristone. I use the term "misoprostol abortion" to describe the typical Latin American practice of using misoprostol alone to induce abortion without medical supervision.

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on earth, including countries such as Chile, the Dominican Republic, El Salvador, Honduras, and Nicaragua, where abortion is illegal in all cases, even where the woman's life is in imminent danger (Fernandez Anderson 2013). Argentina's law falls in the middle, with abortion illegal except in cases where the woman's life or health is in danger or where the pregnancy is the result of rape. Throughout Latin America, women seeking abortion are likely to receive very different answers depending on their social class. Doctors in the free public health system are more likely to obstruct access than their counterparts in private clinics, sometimes even when the pregnancy qualifies for the legal exceptions.

Despite abortion's illegality in the region, the practice is extremely widespread, often with dire consequences for poor women who cannot afford safe procedures. It is estimated that 95 percent of the 4.4 million abortions performed annually in Latin America take place in unsafe conditions (Zamberlin, Romero, and Ramos 2012). In 2010, the most recent year for which reports are available, Argentina's Ministry of Health estimated that between 314,000 and 595,000 abortions occur in the country each year, meaning that there is more than one abortion for every two live births; nearly all of these abortions are illegal (Ministerio de Salud 2010).[2] These circumstances pose a serious public health problem.

Yet, in recent years, clandestine abortion practice has been changing, most notably in the large metropolitan areas that contain the bulk of Argentina's population. These changes have been due in large part to the increasing availability of misoprostol, a synthetic prostaglandin that causes uterine contractions. Misoprostol is sold in pharmacies throughout Latin America as an ulcer medication. As the work of Women on Waves suggests, new pharmaceutical methods of abortion and innovative activist strategies have been changing the practice of abortion even in countries where the law has remained unchanged. Although Women on Waves makes headlines in the United States, their work is only the tip of the iceberg. Women on Waves has promoted the creation of abortion hotlines that provide information on misoprostol in Argentina, Chile, Ecuador, Peru, Uruguay, and Venezuela (Women on Waves n.d.a). These efforts have inspired groups throughout Latin America to provide information about misoprostol abortion to women seeking to end unwanted pregnancies. Influenced by trans-

[2] This estimate is considered a very imprecise measure, but it is based on a formula that multiplies the number of hospitalizations from abortion complications by a factor of seven. For a detailed description of this method of estimation and its drawbacks and alternatives, see Mario and Pantelides (2009).

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national networks and in league with sympathetic doctors, Argentine activists have found new ways to help women bypass both a state that does not recognize abortion rights and doctors who act to obstruct access to abortion. Innovative activist strategies have reconfigured the networks of expertise through which women access information about abortion, increasing access to safer practices.

Women seeking information about misoprostol in Argentina today have a number of options. Two main types of actors offer information to women seeking to induce abortion with misoprostol: activist health professionals and activists who are not formally trained as medical professionals. My focus here is on the activist groups without formal medical training that are making information about misoprostol widely available to women in Argentina. Activists in Buenos Aires and other major Argentine cities run a series of hotlines, typically consisting of cell phones with widely publicized phone numbers, where women can call to get detailed information about misoprostol abortion. At the time of this research, the most prominent of these activist groups ran a hotline out of Buenos Aires. They called themselves Lesbianas y Feministas por la Descriminalización del Aborto (Lesbians and Feminists for the Decriminalization of Abortion; hereafter, LFDA). Collectively, I refer to this movement as misoprostol activism.

In this article, I consider how this direct-action social movement to make misoprostol abortion available in Argentina is influenced by transnational feminist organizations. Much of the research on transnational feminist movements in Latin America focuses on either policy outcomes or influence and resources at the intergovernmental level as measures of success. My research shows that it is necessary to take seriously the impact these movements are having locally in ways that may not be reflected in new legislation, UN resolutions, or transnational NGO (nongovernmental organization) funding. I analyze the ways in which this activism combines the use of new technologies with direct-action strategies to change the practice of abortion in Argentina. Then I explore the ways in which LFDA activists position themselves as the conduits through which both technical information and popular knowledge about misoprostol abortion at home are made available to women who seek to terminate pregnancies in a state that denies them that right. I argue that this constitutes a feminist project that reconceptualizes the relationship between experts and the population they serve and that values both technical and popular knowledge. The LFDA activists describe their approach to interacting with women on the hotline as "peer education" (*educación entre pares*), and this includes educating women about their rights and how to defend themselves against abuses by medical personnel, which LFDA calls "medical

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violence" (*violencia médica*). Finally, I consider the advocacy role played by LFDA activists who compile data on abortion seekers and present this information to medical professionals and transnational governing bodies in an effort to influence the policy debate through these elite actors.

This study is based on field research I conducted in Argentina during June, July, and August of 2012, and in the same period of 2013. The purpose of this research was to understand the impact of misoprostol on abortion activism and policy debates in Argentina. I recruited interviewees through snowball sampling, beginning with connections I made through academic conferences and contacts. Many abortion activists in Argentina are also academics, so initial crucial contacts were made at the Latin American Studies Association international meeting in San Francisco in May 2012 and at the International Sociological Association's international meeting in Buenos Aires in August 2012.

I also made contacts and took extensive ethnographic notes as a participant observer at key activist events during my time in Buenos Aires. These included a daylong open meeting of the activist groups involved in student government at the University of Buenos Aires to discuss women's rights at the College of Medicine in May 2013, which was attended by delegations of all of the main feminist activist organizations in Buenos Aires; a one-day conference on abortion organized by the Sociology Department of the University of Buenos Aires in July 2013; and a public meeting to officially inaugurate weekly misoprostol abortion counseling services in a field office of the Nuevo Encuentro (New encounter) political party in Buenos Aires in August of 2013.

I conducted eighteen in-depth interviews with key informants over the six months that I spent in Argentina. Of these interviews, eleven were with abortion rights activists, three of whom were involved in disseminating information about misoprostol, and seven were with medical professionals and government officials in the health system who advocate for the legalization of abortion and the use of misoprostol.[3] The interviews lasted between forty-five minutes and about two hours and consisted of open-ended questions regarding abortion, the use of misoprostol, and points of tension between various groups pushing for the legalization of abortion. These interviews were coded and analyzed for themes related to medical issues and social movement strategies. In addition to this ethnographic data,

[3] I did not seek to interview women who had carried out pharmaceutical abortions themselves because my research focus was on activist strategies, political discourse, and medical practice.

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I also analyze data available on LFDA's webpages, which include detailed reports and descriptions of the group's methodology on the hotline.[4]

As a graduate student in sociology at an institution in the United States at the time of my field research, my research was clearly facilitated by the fact that many abortion activists in Argentina are also academics. I shared with most of my participants a middle-class background, a university education, and the presumption of a shared commitment to issues of social justice. Indeed, five of the eleven activists I interviewed were sociologists. There was thus a shared identity with many of my informants, which often worked to put interviewees at ease. Any outsider status that would have made me suspect was also tempered by the fact that I was born in Argentina, I have dual citizenship, and I have spent extended periods of time in Argentina at regular intervals throughout my life.

If anything, young academics in Argentina are so likely to participate in activism related to their research topics that the moments of tension that arose were not a result of my status as a researcher but as a result of the fact that I was not also actively engaged in an activist project of my own. Indeed, there were occasions when the shared identity as academics proved to be a hindrance, as when a group of activists rebuffed a request for an interview because they counted in their number graduate students in the social sciences, and in a phone call they told me that any analysis of their work was considered "symbolic capital" reserved for their own academics/activists.

Employing Michael Burawoy's (1998) extended case method, I combine participant observation with in-depth interviews conducted during extended research trips. As Burawoy recommends, I link micro processes to macro forces, paying close attention to the transnational links of the activists I encountered in Buenos Aires and tracing those links further through online connections to transnational activist organizations. This research also follows Chandra Talpade Mohanty's advice that postcolonial feminist research should involve "grounded, particularized analyses linked with larger, even global, economic and political frameworks" (2003, 501). My research shows that analyzing feminist social movements in terms of macro outcomes, like legislative changes at the national level or resolutions from governing bodies at the transnational level, misses key accomplishments on

[4] As of December 2015, the webpage with the most current information about LFDA was http://www.abortoconpastillas.info/. An older webpage that did not appear to have been recently updated was still visible at http://informacionaborto.blogspot.com/2010/06/lesbianas-y-feministas-por-la.html and http://noticiasaborto.blogspot.com/. The group also maintains a Facebook presence: https://www.facebook.com/abortoconpastillas.

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the part of social movements at the grounded micro level of women's access to abortion.

The local impact of transnational feminist social movements

Past research has sought to explain reproductive rights policy and mobilization in Latin America and their relationship to a complex set of factors, both at the national level and transnationally. In such a complex and contested area of policy and activism, it is a challenge to understand both the role that transnational influences play at the macro level and also the ways in which activist practices are having an impact at the micro level of women's lived experiences when seeking abortion. The case of Argentine abortion activists has clear parallels to the transnational activist networks described by Margaret Keck and Kathryn Sikkink (1998) and to the way transnational feminism was translated to local contexts in Northeastern Brazil, as analyzed by Millie Thayer (2010).

One major issue I have already highlighted is that in Latin America there is a large gap between abortion policy and abortion practice. Researchers have analyzed abortion and reproductive rights policy as one marker of the changing position of women and the relative strength of feminist movements during the process of democratization in countries across the region (Htun 2003; Blofield 2006; Lopreite 2011, 2014). This research is an important contribution, but because it measures changes in policy, it misses important changes in practice that are not reflected by legislative or judicial victories. Indeed, Mala Htun (2003) shows how reforms of abortion laws have been blocked by the Catholic Church and conservative political forces while other areas of gender legislation have been easier to change, most notably the legalization of divorce. And Merike Blofield (2008) and Débora Lopreite (2012) both argue that this lack of change in abortion law is partly the result of a failure of the largely middle-class women's movement to take up a cause that disproportionately affects poor women.

Another line of research focuses on the impact of Latin American feminism as seen through the visibility of women's issues in transnational governmental spaces. For example, Breny Mendoza describes how the transnationalization of Latin American feminist movements has resulted in fragmentation, depoliticization, and conflicts between "professional feminist[s]" who have marked out the global terrain for themselves while they lack legitimation in local constituencies (2002, 309). Other authors describe feminist movements in the global South as needing to choose between their radicalism and the viability of securing resources and a voice at

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the United Nations and other global opportunity structures related to the interests of Northern NGOs (Phillips and Cole 2009; Ferree and Ewig 2013). One of the problems for abortion activists in particular is that their cause is often far more controversial than others that have been taken up by the transnational global justice and feminist movements (Brenner 2003). While domestic violence, legalization of divorce, and, more recently, sex trafficking all garner wide consensus among different actors, often including religious organizations, abortion experiences an enduring silence as a result of conservative and religious opposition and the need to find points of agreement with powerful actors. These are important contributions to our understanding of transnational feminist movements and abortion politics in Latin America, but the macro-level focus on the impact that Latin American feminist movements have on transnational spaces misses the micro impacts that are made possible by focusing on local direct-action strategies. Thayer (2010) has also critiqued work that focuses on transnational spaces and the diffusion of Northern feminist ideas but which fails to carefully consider the impact on the ground in the global South. My own work follows in this vein and similarly finds that it is necessary to study transnational feminism ethnographically in Latin America, with a focus on local impacts. It is important to understand the ways in which transnational spaces shape opportunity structures and to seek to explain why some countries reform abortion legislation while others do not. But understanding the impacts of feminist movements in Latin America requires close attention to changes that are reflected neither in new laws nor in participation in transnational governing bodies.

The feminist movement in Argentina has made the legalization of abortion one of its key demands, dating back to the late 1980s (Sutton and Borland 2013). More recently, the feminist movement has begun to significantly overcome its earlier reluctance to make poor women's issues a central theme of activism. This shift accelerated in the aftermath of the economic crisis of 2001. There has been a sharp increase in women's involvement in grassroots political movements, especially those with a focus on the issues faced by poor and working-class women. Much of this increased activism is a legacy of the period of increased foment that followed the Argentine economic crisis of 2001, a groundswell in which women played a very active role (Borland and Sutton 2007). Many innovative forms of activism became prominent in this period, including *piquetero* (roadblock) protest groups, neighborhood assemblies, worker cooperatives, and barter clubs. Women's active, and sometimes central, role in many of these organizations left a legacy in the form of young women's activism in grassroots organizations and

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leftist political parties, often in separate women's wings with distinct organizational identities. This new political trend has been described as Argentina's "popular feminism" (Di Marco 2010, 167).[5] Although middle-class college students often lead these groups, they explicitly frame their work as being focused on the interests of poor and working-class women. Abortion activism has become a key issue for many of these movements, alongside sex trafficking and gender violence.

One of the things that has limited the impact of Latin American feminist movements in transnational spaces is what Lynne Philips and Sally Cole describe as "unruly Latin American feminism" (Phillips and Cole 2009, 194). The participatory, radical, uncompromising brand of feminism that has been fostered in Latin American *encuentros* is ill at ease in international meetings.[6] But this unruliness has advantages in a context where attempts at legislative reform and lobbying have failed to change abortion law. Groups like LFDA choose a direct-action route that puts them in conflict with other, more reform-minded elements of the Argentine abortion rights movement. But this strategy has a real impact on the lives of women who seek abortion.

Abortion expertise and feminist direct action

Argentine abortion activists draw on transnational networks and their resources. These macro-level processes are extremely important for understanding the work activist groups are doing to influence abortion policy and practice. But when groups like LFDA engage in direct-action strategies, their protocol for interacting with women seeking abortion takes on a particular form that draws on Argentine feminism and the creative approaches of different activist groups. Broadly, these activist strategies are similar to earlier self-help movements related to women's health, with clear antecedents in the Boston Women's Health Collective and the Jane Collective. LFDA and groups like it are making technical expertise about pharmaceutical abortion available to women as a form of resistance to both state oppression and the patriarchal and often paternalistic practices in the male-dominated health system. This practice raises questions about feminist approaches to technology and the role of expertise in social movements. That activists across Latin America are disseminating information about misoprostol is also sub-

[5] This term draws on the Spanish word *popular* in the sense of populist, not in the usual English meaning of popular as well liked or appealing to most people.

[6] *Encuentros* are yearly meetings of women's activists. For more information on Argentina's yearly *encuentros* and the role they have played in articulating demands for the legalization of abortion, see Sutton and Borland (2013).

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stantively important because it is making abortion safer in a context of illegality, especially for poor women.

The direct-action strategy of providing technical medical information to women who seek to exercise agency over their pregnancies contains striking parallels to earlier periods of reproductive rights activism. Misoprostol activists use medical knowledge to empower women to control their own reproductive lives in the face of political and institutional opposition. The strategies being deployed by LFDA and other groups in Latin America echo the efforts of groups like the Jane Collective in Chicago, an activist group that provided clandestine abortion services before *Roe v. Wade*, as well as the radical sex education programs of Emma Goldman and Margaret Sanger in the early twentieth century (Gordon 2007). The women's health movement in the United States sought to liberate medical decisions from the control of doctors by providing information directly to women about managing their own medical care and by sharing ideas about reproductive health among women, as in the work of the Boston Women's Health Collective (Davis 2007). Similarly, Argentine activists today seek to facilitate women's access to abortion, lessening their dependence on medical practitioners and their unlicensed counterparts in clandestine abortion clinics.

However, a key difference between these earlier women's health movements and misoprostol activism is the role that new technology has played in making this innovative form of activism feasible and expanding its reach. The availability of misoprostol means that groups like LFDA can work much more openly than their predecessors in groups like the Jane Collective. LFDA is not providing abortions, nor is it referring women to places where an abortion is performed on them. The group only provides information on the use of the drug; it is women themselves who induce the abortion, often in the privacy of their own homes.

The other key technology that separates misoprostol activists from earlier women's health movements is the use of the Internet and cell phone technology. In contrast to the women's health self-help groups of earlier eras, misoprostol activists need not meet with the women they seek to help.[7] They go over both the technical details of safe misoprostol abortion and information about what that abortion looks like in real life with the callers to the hotline and make this information available online and on

[7] It is true that groups like the Boston Women's Health Collective also reached beyond their immediate networks with the publication of self-help texts like *Our Bodies, Ourselves*. But the reach of today's activists is amplified and extended by telecommunications technology, which lowers the barriers for circulating information.

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the hotlines in ways that reach far beyond the spaces where activists gather. This constitutes a form of cyberfeminism where the Internet represents a "'tool' for feminist organizing" that enables women "to transform their embodied selves" (Daniels 2009). The information that LFDA makes available online allows women to terminate a pregnancy safely in the privacy of their own homes, without needing to seek help from a professional or to enter the institutional spaces of the country's health system, which typically deny them the right to terminate that pregnancy.

Gil Eyal's (2013) concept of expertise is useful for explaining how Argentine activists make use of technical knowledge to displace medical professionals as the only point of access to safe abortion. Eyal argues for an analysis of the gradual ways that expertise can be assembled through networks using tools and devices, often independent from professional jurisdictions. He analyzes the social factors that have contributed to the autism epidemic in the United States to illustrate his theoretical argument. Eyal draws on actor-network theory to argue that objects that contain expertise but are accessible enough to be deployed by laypeople played a key role in the expansion of the diagnosis of autism in the late twentieth century. A key example he provides is a checklist for diagnosing autism that was published in a book and subsequently used by parents and school officials to make determinations about likely autism diagnoses, something that previously had been the strict domain of psychiatrists (Eyal 2013, 885). In this way expertise about autism became liberated from credentialed professionals meeting with patients (or their parents) behind closed doors and instead was circulated among networks of laypeople who were often intimately acquainted with the children they sought to diagnose.

Eyal's concept of expertise is useful for considering the role of abortion activists, who are using both the drug misoprostol and telecommunications technology as tools to increase access to abortion despite their lack of professional credentials. I especially want to underscore that the direct-action misoprostol activist strategy that I describe could not have become so widespread without the availability of the drug itself. Misoprostol allows Argentine activists to facilitate abortion while maintaining a distance from the actual procedure. The pill allows women to be the agents of their own abortions, with activists advising and "accompanying" them, but at a distance through the hotline and Internet-based communication.[8] The distance created by both the pharmaceutical and telecommunications technology allows the activ-

[8] Activists in Argentina use the term *acompañamiento*, literally accompaniment, to describe the service they provide through the hotline and other forms of misoprostol activism.

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ists to avoid prosecution, since they really are only providing information and not abortions. It also makes it possible to provide these services over long distances, not just to a population within the same metropolitan area as the activists. In a report posted online in 2010, LFDA broke down the origins of the calls received by the hotline: while 76 percent were from either the federal district or the surrounding province of Buenos Aires (which contain the bulk of Argentina's population), 24 percent were from other provinces (LFDA 2010a). Therefore, this direct action at a distance provides advantages not only for the activists themselves, by protecting them from prosecution, but also for the women they help, as it is easily scalable and transferable to a larger and more geographically dispersed population than earlier approaches would permit.

By deploying this expertise, misoprostol activists have managed to overcome what had been a serious stumbling block, which is that medical professionals often obstruct access to abortion. In Argentina, this often happens even in cases that fit the legal exceptions for legal abortion. As has been well documented in the United States, doctors are often reluctant to engage with abortion rights or to provide abortions either because of the stigma attached to the role "abortionist" or because they see political activism as conflicting with their professional role (Joffe, Weitz, and Stacey 2004; Halfmann 2011). This has certainly been true for the bulk of the medical profession in Argentina, though a small handful of doctors are now taking advantage of the availability of misoprostol to take on a role as abortion activists and providers in ways that support the activist program (McReynolds-Pérez 2014).

Technological change and activist strategies

Misoprostol activism was made possible in large part due to the increasing availability of misoprostol. In the United States, misoprostol is typically combined with mifepristone, also known as Mifeprex and originally developed as RU-486, for the induction of abortion during the first trimester. Misoprostol used without mifepristone can also induce abortion, though it is somewhat less effective on its own.[9] The US Food and Drug Administra-

[9] Indeed, one of the major public health concerns related to misoprostol activism is that misoprostol alone is less than 90 percent effective for terminating pregnancy in the first trimester, and the drug also increases the chances of birth defects in infants if the pregnancy is taken to term after a failed abortion attempt (Dal Pizzol, Knop, and Mengue 2006; Ngoc et al. 2011). This potentially puts women who try but fail to abort with misoprostol at greater risk.

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tion approved the sale of misoprostol as a stand-alone drug for the treatment of gastric ulcers in 1988. It is widely available in Latin America for this purpose. According to a report by the Argentine Union of Pharmacists and Biochemists, about 115,000 packets of misoprostol (a packet contains 16 pills and is roughly the dose required for one abortion) were sold in the country in 2011 (Magnani 2012). The report goes on to surmise that essentially all of the misoprostol sold in the country was likely used to induce abortion, since several cheaper and more effective treatments exist for the treatment of ulcers.

Argentine feminist groups argue that misoprostol allows poor women to induce abortion in a way that is cheaper, more reliable, and much safer than the alternatives that it replaces. A course of misoprostol could be bought in Argentina for as little as US$50 in 2013, whereas a safe surgical clandestine abortion performed by a trained provider cost no less than US$600 during the same period. Back-alley abortions with untrained providers in poor neighborhoods can be had for close to the cost of the misoprostol, but these involve much greater risk. Despite the boon of misoprostol for women seeking to end pregnancies relatively safely, women face two serious problems of access: getting the pills and getting accurate information for using them safely.

Across the region, women use several different strategies for procuring misoprostol. Throughout Latin America prescription drugs can often be purchased freely in pharmacies. Most medications, including antibiotics, which are clearly marked “Venta bajo receta” (for sale by prescription only), can in practice be purchased over the counter with no documentation. This is how the use of misoprostol became widespread in the region despite misoprostol’s designation as a prescription drug. Women who get the drug at a pharmacy may use a variety of strategies to facilitate the purchase. These include sending older relatives to purchase the drug, as they appear more likely to be purchasing it for gastric concerns (Zamberlin, Romero, and Ramos 2012). In some places, it is possible to purchase or otherwise procure a prescription from a sympathetic doctor. Some pharmacies sell the pills with no prescription, no questions asked. Word of these “friendly” pharmacies often spreads through activist networks and informal social networks. There is also an active, if expensive and not necessarily reliable, black market of sellers who circulate the drug outside of the pharmacies.

When women facing unwanted pregnancies are able to procure misoprostol, they also need detailed, accurate, nontechnical information about using it safely. The first instances of women in Latin America using misoprostol to induce abortion without medical supervision were reported by health professionals in Brazil in the early 1990s (Zamberlin, Romero, and

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Ramos 2012). Information on misoprostol abortion initially spread in an ad hoc manner, and studies of the use of misoprostol in Argentina in the early 2000s reported women using widely divergent dosages and modes of ingestion, often resulting in unsuccessful attempts to abort and sometimes putting them at risk (Vásquez et al. 2004).[10] More recently, activists have taken the lead in disseminating accurate information, which has resulted in safer and more consistent practice (Zamberlin, Romero, and Ramos 2012). Both clinical trials and informal use have shown that this pharmaceutical is safe for inducing abortion even without direct medical supervision, certainly much safer than the alternatives that have historically been available to poor women (Coeytaux 2013). Given that the use of misoprostol has now been widespread for decades in Latin America, instances of serious complications and deaths have been few compared to other clandestine abortion methods, which can involve unsterilized nonsurgical instruments like coat hangers and knitting needles.

It was in this context of widespread but irregular use of misoprostol and erroneous information that a number of young feminists decided to take up misoprostol activism in the mid- to late 2000s. By this point, the Argentine feminist movement's call for the legalization of abortion had consolidated into the Campaña Nacional por el Derecho al Aborto (National Campaign for Abortion Rights). But many young activists became frustrated with the continuing lack of results from lobbying and a legislative strategy on the part of the Campaña and wanted a way to immediately impact the availability of abortion. Misoprostol activists I spoke with said they were fired up by a visit from Rebecca Gomperts to international waters off the coast of Argentina in 2004 and by the call from Women on Waves to organize misoprostol hotlines (Women on Waves n.d.a, n.d.b). Several activist groups in cities around Argentina created their own abortion hotlines, but the one that had the highest profile nationally and functioned most openly by 2013 was the hotline run by LFDA.

Running an abortion hotline, becoming lay experts

Although lawyers warned LFDA activists that they might face prosecution for setting up the hotline, they had experienced no serious legal challenges in the four years the phone line had been in operation between 2009 and 2013 when I completed my field research. Clara, a founding member of LFDA, described how a group of roughly twelve activists took turns

[10] The drug can be administered orally, vaginally, or sublingually, with varying implications in terms of effectiveness, possible side effects, and potential for adverse reactions.

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answering the hotline, so that each took a two-day turn roughly once a month.[11] They answered and returned calls during regular office hours (roughly 9 a.m. to 5 p.m.) on weekdays. After answering the hotline for two days, an activist would meet with another group member to pass on the cell phone for the next person's two-day shift. In this way each activist was able to answer about twenty calls per day. In Argentina, cell phone usage is very expensive and is charged to the caller, with only minimal charges to the cell phone that receives an incoming call. In order to make the service more accessible for poor women, the activists encourage women to text their phone number to the hotline and await a return call. The activists publicized the hotline on their webpages and on Facebook. They gave interviews on radio programs and on at least one TV news show, attended events organized by other feminist movement organizations, and organized their own events, including live music shows, to raise money for the hotline. They also began offering in-person misoprostol abortion counseling through the field offices of the Nuevo Encuentro political party. LFDA activists did all this with no effort to hide their identities.

In addition to the hotline and the webpage, LFDA produced a detailed 144-page book titled *Todo lo que querés saber sobre cómo hacerse un aborto con pastillas* (Everything you want to know about inducing an abortion with pills; LFDA 2012; see fig. 1). This book was available for download on LFDA's webpage and was also sold in a hard copy produced by a publishing company run by the human rights group the Madres de Plaza de Mayo. It contained detailed information about inducing abortion with misoprostol, including how to confirm a pregnancy and determine gestational age, options for administering misoprostol, risks of misoprostol abortion, how and when to seek medical care, and information about follow-up care and contraception. The book contains a long list of sources for information, including the Ministries of Health of Argentina, Brazil, and Bolivia; the World Health Organization (WHO); international reproductive rights NGOs like Women on Waves and Ipas; reproductive health technology provider Gynuity; CIAM (El Consorcio Internacional para el Aborto con Medicamentos [International Consortium for Medical Abortion]); CLACAI (Consorcio Latinoamericano contra el Aborto Inseguro [Latin American Consortium against Unsafe Abortion]); and Argentine and Uruguayan NGOs including CEDES (El Centro de Estudios de Estado y Sociedad [The Center for Studies on the State and Society]). Alongside these other authorities, LFDA

[11] I have employed a pseudonym in order to protect that confidentiality of my research participant.

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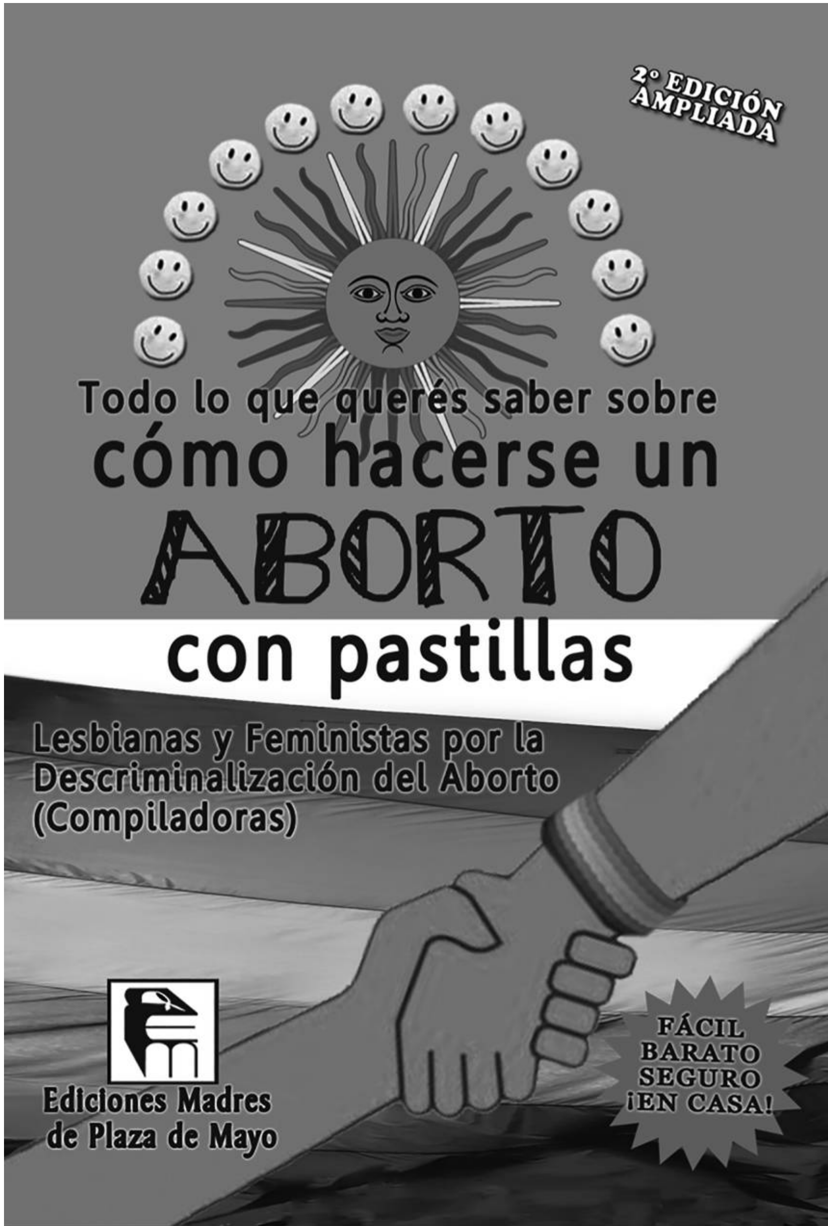

Figure 1 Cover of the abortion manual *Todo lo que querés saber sobre cómo hacerse un aborto con pastillas* (Everything you want to know about inducing an abortion with pills; LFDA 2012). Copyleft 2010 by LFDA. Reprinted via a Creative Commons license. A color version is available online.

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lists "women from all over the country who called the hotline" as authorities who have provided expertise presented in the book (LFDA 2012, 6).

To readers not familiar with Argentina, it probably seems bizarre that in a country where abortion is illegal these activists could participate in such a high-profile effort to make information about misoprostol abortion available to women. The activists argue in their publications that they are protected by the principle of freedom of information, since all they are providing is information, essentially all of which is available online in other forms. As Htun (2003) has pointed out, governments in Latin America are often unwilling to legalize abortion, but there is frequently little political will to actually enforce abortion laws. Indeed, the Nuevo Encuentro political party, whose women's wing partnered with LFDA to offer in-person misoprostol abortion counseling, was part of then-president Cristina Fernández de Kirchner's governing coalition. This was the source of a great deal of tension with other abortion activists, because the president had always spoken against the legalization of abortion, and she was blamed for blocking abortion reform.

Allegiance to the governing coalition was one point of conflict among feminist activist groups in Argentina, but there was also disagreement about whether misoprostol activism was an appropriate strategy or not. As groups of young activists have turned to a direct-action strategy of providing information about misoprostol abortion since the late 2000s, this new approach has created tensions between different factions in the feminist movement. Some feminists argue that making abortion safer with misoprostol takes pressure off the government, as more women are able to solve their individual problem of unwanted pregnancy while leaving the most vulnerable populations in danger because of the lack of legal protection. These groups insist that their goal is free, legal, safe abortion provided on demand by the state health system and that any other alternative falls short. Activists involved in providing access to misoprostol abortion counter that the movement has an obligation to make safer abortion available by any means to mitigate the dangers women face when they turn to unsafe, back-alley providers. Activists describe their provision of information as seeking to declandestinize (*desclandestinizar*) abortion.

Clara estimated that between mid-2009, when the hotline became operational, and mid-2013, when I spoke to her, the hotline had answered approximately twenty thousand calls from women all over Argentina. She also described days of up to two hundred missed calls, so their impressive reach was not even close to meeting the demand for information about misoprostol abortion. "On the hotline, we didn't answer more calls because that was the capacity we reached given our material conditions," Clara said.

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"We couldn't answer more than twenty calls per day. We didn't have the structure, let's say, to answer more. We just had the cell phone that we passed around, each one taking calls at her home. That was all we had. It was great, because with so little structure we made quite a ruckus (*hicimos un re bardo*)." My interviews with medical professionals in Argentina suggested that this direct-action activist strategy is resulting in real, and overwhelmingly positive, changes in abortion practice. Abortion was more widely available. It was safer than in the past. It was more accessible to poor women. This was all true while the procedure itself remained illegal.

Deploying expertise while subverting authority

In order to understand both the parallels and the points of divergence between misoprostol activism and earlier movements for women's health, it is necessary to examine the misoprostol activists' methods more closely. I analyze two key activist strategies: the way activists train to answer the hotline as a means of constructing expertise in the absence of medical credentials, and the guiding idea of peer education when interacting with callers. These strategies offer striking parallels to the literature on the women's health movement and suggest that activists are radically reconfiguring networks of expertise in ways that subvert the authority of medical professionals.

The details of how LFDA prepared to open the hotline make clear that transnational ties and sources of information played an important role. When LFDA activists were working to set up the phone line in 2009, they consulted with local doctors and read information on pharmaceutical abortion available through the WHO, the Latin American Federation of Gynecologists and Obstetricians, and other international organizations. They also received a visit from Ecuadorian activists who had organized a similar service, likely with help from Women on Waves and their resources. Beyond Argentina's borders, similar abortion hotlines operate in Chile, Peru, Ecuador, Venezuela, and Mexico (Zamberlin, Romero, and Ramos 2012). These abortion hotlines were launched with support from Women on Waves and are promoted through the Dutch group's webpage (Women on Waves n.d.a). Although these hotlines were all promoted by Women on Waves, the impact that each one is having depends on the contours of the local feminist movement and the context of both policy and enforcement in each country.

Misoprostol activists prepared to advise women by learning the technical details for using misoprostol safely to terminate pregnancy, including information about assessing gestational age to determine if the procedure is safe, forms of administration, contraindications, and warning signs indi-

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cating that emergency medical attention is needed. The misoprostol activists I spoke to described a months-long training process during which they developed this expertise and defined the protocols they would use to attend the abortion hotlines. LFDA was in constant contact with a group of doctors who supported abortion rights, whom Clara described as LFDA's medical advisory council. These medical professionals helped the LFDA activists make sense of the medical information, and they remained on call to answer questions when the hotline received calls from women with complicated cases whom the activists could not counsel confidently. So LFDA activists, in allegiance with transnational activists and sympathetic doctors, became lay experts.

Peer education and "medical violence"

LFDA and other misoprostol activist groups were created with the support of Women on Waves, and they draw on the technical expertise of many transnational health organizations. Yet the work they do and the way they organize it goes far beyond the mere implementation of transnational feminist ideas or the translation of technical information about abortion.

One of the particular contributions of LFDA activists is that they do not see their role as one of merely memorizing technical details of abortion practice and communicating those to women who passively receive them. Rather they see their role as facilitating the circulation of knowledge. This involves both the technical information required to induce abortion safely and knowledge from women about the lived experience of inducing abortion outside the health system. The latter includes practical advice for managing the situation if it becomes necessary to enlist the help of adversarial medical professionals. LFDA activists used the phrase "peer education" to distinguish their methodology from the role of medical professionals and to establish themselves not as experts offering treatment from a position of authority but as individuals facilitating the circulation of knowledge among equals. One published account of the group's work described the method as follows:

> The focus on peer education marked the difference: the hotline became a space for the circulation of knowledge. The women who called before, during, and after aborting started to tell us lots of details we didn't know. The stories of some women helped others, we told their strategies to women who called later: *send a man to the pharmacy, the fetus looks like a piece of calf liver, some women expel the gestational sac but don't bleed, some women can keep working even as they abort, others*

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> *will need to stay home and use a hot water bottle [for the pain] . . . and so on.* (Díaz Villa et al. 2013)

Thus, the activists saw themselves not as merely replacing the doctor, providing technical information to women who need it, but also as creating a mechanism for the circulation of pragmatic, socially situated knowledge about how abortion fits into real women's daily lives.

In this way activists attempted to subvert the power dynamic that typically exists between medical experts who provide technical information from a position of power and the women who seek their advice from a position of vulnerability and subordination. Activists made an alternative form of expertise available to women seeking abortions. A key aspect of this expertise is its socially situated nature. The LFDA activists are not merely providing technical details about the physiological effects of misoprostol or appropriate dosages; they are providing commonsense advice about the particular kind of unsupervised, clandestine misoprostol abortion that their callers are facing. In order to do this, they construct an interaction in which callers are not supplicants but are experts on their own circumstances whose insights can be leveraged in future calls. This methodology again parallels earlier women's health movements that brought groups of women together to use their own lived experiences as a way to contest official scientific understandings of intimate medical issues. The case of the production of the book *Our Bodies, Ourselves* comes most prominently to mind (Davis 2007).

The practical information about aborting safely in a context of illegality includes warning signs and cautions about when and how to seek the help of a medical professional. One problem faced by women who abort is the possibility that if they require emergency medical attention they may face prosecution if medical personnel report them to the police. There have also long been reports of inadequate care, as well as emotional and physical abuse by antagonistic medical professionals (Romero, Zamberlin, and Gianni 2010). LFDA addresses this concern by including information about "medical violence" in their abortion book. LFDA's book defines medical violence as "any mistreatment that you receive from doctors, nurses, assistants, midwives, or any other person who participates in your treatment at the hospital or clinic," including "insults, lack of respect, inadequate medical care or refusal to provide medical care, lack of respect for your decisions, sexual abuse, groping, or rape" (LFDA 2012, 126). The book goes on to advise women to protect themselves by having a person they trust accompany them if they seek medical attention. If women feel medical personnel are not treating them appropriately, they are encouraged to make note of the name of the medical professional involved and details of the abuse and to seek help from

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women's, feminist, or human rights organizations. The text also advises women not to take these complaints to the police, where they may be detained and prosecuted.

LFDA's book discusses medical violence as a way to educate women on their rights and empower them with practical approaches for responding to this abuse of power. In this way LFDA provides tools for women to challenge the authority of medical professionals, to find appropriate institutional allies, and to pressure public health personnel to act in ways that are supportive of safe abortion practice even though the procedure itself is illegal.

Toward a feminist epidemiology of abortion

While LFDA's main activity involves the direct-action strategy of providing women with information to safely induce abortion with misoprostol, the group leverages this strategy in ways that are intended to have impacts both nationally and transnationally. LFDA activists gather demographic and reproductive health information from callers to their hotline in order to present a detailed picture of abortion in Argentina that is available nowhere else in such detail. One might critique the quality of LFDA's data, since their sample is only the subset of abortion seekers who call the hotline or attend in-person abortion counseling. But the richness of this kind of data on an illegal and stigmatized practice plays in important role in making abortion visible, which is one of LFDA's explicit goals. LFDA activists use the information they gather from women who call the hotline and come to in-person counseling sessions to make the practice of clandestine abortion visible in ways that pressure legislators to legalize abortion. LFDA also published a series of reports online, analyzing and depicting with graphs and charts the practice of abortion that they document among callers to the hotline, including the ages of callers, birth control methods used, means of confirming the pregnancy, and the extent of erroneous information about misoprostol abortion.

Two venues in which LFDA has presented data from the hotline are particularly notable. LFDA presented a scientific research poster at a national conference of primary care physicians in Buenos Aires with graphical representations of the data gathered on the hotline. These graphs show who accompanied women during their misoprostol abortions, how the women accessed misoprostol and at what cost, what sources of information they had access to, the gestational age of the pregnancy at the time of the call, forms of contraception used, and means of confirming the pregnancy (see fig. 2). The poster concludes by stating that the problem of clandestine abortion "must be resolved with the ethical commitment of

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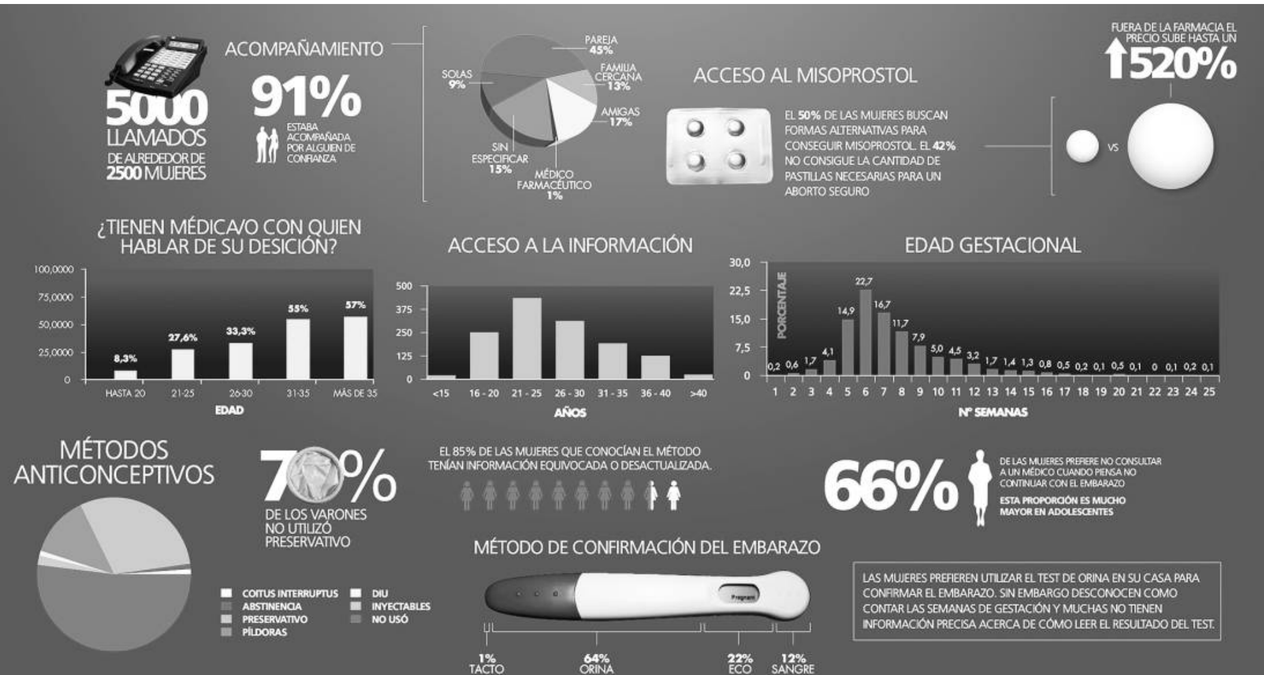

Figure 2 Section of the poster Acceso a la información un derecho básico y una estrategia para reducir el aborto inseguro en Argentina (Access to information a basic right and a strategy to reduce unsafe abortion in Argentina) presented by members of LFDA at medical conferences in Argentina. The information depicted here is based on data gathered from LFDA's abortion hotline in 2010. © 2010 by Rodolfo Gómez Ponce de León, Gabriela Díaz Villa, Ana Mines, Virginia Díaz Villa, and Paloma Rodríguez. Reprinted with permission. A color version is available online. A full-sized version of this poster can be viewed at https://docs.google.com/viewerng/viewer?url=https://sites.google.com/site/pizarrasypizarrones/home/archivos-1/poster-and-page-preview1.pdf.

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the medical community in general and gynecologists in particular, with a comprehensive approach to women's health and the unqualified exercise of their reproductive rights. FIGO (the International Federation of Gynecology and Obstetrics) promotes paradigmatic change to 'stop being part of the problem and begin to be part of the solution with regards to the problem of unsafe abortion'" (Gómez Ponce de León et al. 2010). In this poster, LFDA presented data from the hotline to doctors and admonished these doctors to use their professional authority and position to help women access abortion, while they cited the authority of an international professional association.

LFDA also used data from the hotline to present a shadow report to a committee meeting of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) in 2010. CEDAW encourages NGOs to submit shadow reports that provide additional information that the convention can use to evaluate any shortcomings or omissions in the signatory countries' reports of their own progress on women's equality. In their shadow report, LFDA stated that they had prepared the report with information "provided by the 1,616 women who called the hotline from all over the country for information on safe abortion with the drug misoprostol" (LFDA 2010b). They argued that not only must abortion be legalized, misoprostol should be available over the counter to ensure women's access to safe abortion. Argentine activists were using spaces created by transnational governing bodies to pressure the Argentine government, much like the transnational advocacy of earlier Argentine human rights groups described by Keck and Sikkink (1998).

LFDA activists were primarily engaged in a direct-action strategy of providing information and help to women seeking to induce abortion. This activism had an impact at the micro level of individual women who find an alternative to relying on medical professionals or back-alley providers for this expertise. LFDA then leveraged the information gathered from women who called the hotline, information unlike any other available, in order to make the case for changing medical practice and to put transnational pressure on Argentina's government to legalize abortion and make misoprostol more readily available.

Conclusion

LFDA and similar organizations combined a series of activist strategies and forms of expertise in a direct-action campaign aimed at increasing women's access to safe abortion using misoprostol. These activists drew on texts intended for health practitioners and built alliances with sympathetic practi-

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tioners, both locally and transnationally. Misoprostol activists used expertise about pharmaceutical abortion, along with peer education, to position themselves as lay experts on safe abortion in a context of illegality. This activism has played a role in making abortion safer throughout Latin America, especially for poor women. There are clear parallels here to women's health movements that create their own expertise and seek to subvert dominant medical and political discourses that depoliticize issues of reproductive rights. These activists have drawn on transnational ties and transnational reproductive rights expertise, but this direct-action campaign is much more than a simple adaptation of external strategies to local conditions. It is a local social movement drawing on transnational resources while reinterpreting them for local conditions in critical and innovative ways.

This direct-action movement to make misoprostol abortion more readily available is not equivalent to making abortion legal. Although these strategies have expanded access, they do not always protect women from prosecution and harassment or from anxiety related to those possibilities. While Internet access and cell phones are widespread in Argentina, there are real questions about the likelihood that these activist strategies will fail to make abortion available to the most vulnerable women. In follow-up research in June and July of 2015, I found that while LFDA was still active, its prominence had been somewhat eclipsed by a national network of *socorristas* (a repurposing of the Spanish term for first responders) who ran hotlines and popular clinics that provided women not just with information but also with Mifeprex, which they acquired through transnational activist connections.[12] Some of these groups, especially in more conservative provinces, kept a very low profile and feared prosecution. But in urban and relatively liberal Buenos Aires, these activists ran clinics and hotlines that operated out in the open, including advertising "misoprostol counseling" on dedicated Facebook pages and maintaining contacts with doctors in public clinics who were willing to perform aspiration abortions.

As I prepared this article for publication, the right-wing opposition won national elections in 2015, displacing Cristina Fernández de Kirchner's progressive governing coalition, so a crackdown or backlash against misoprostol activism may come sooner rather than later. But as long as legislative change remains blocked by elite actors, this movement is playing an important role both by seeking to make safe abortion available and by influencing the po-

[12] While women have used misoprostol for decades, the combined Mifeprex regime, which includes both misoprostol and mifepristone and is more effective than misoprostol alone, has long been out of reach because, while misoprostol is sold for the treatment of ulcers, mifepristone has no other use, and so is not marketed in Argentina.

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litical debate about legalization by making abortion visible through its presentation of data about the callers to the hotline.

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