

ABORTION RIGHTS IN URUGUAY, CHILE, AND ARGENTINA: MOVEMENTS SHAPING LEGAL AND POLICY CHANGE

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I. INTRODUCTION

For decades, Latin America and the Caribbean was a region known for having the most restrictive legislation in the world regarding abortion. Indeed, in 2018, the Guttmacher Institute reported that more than 97% of the women in the region lived under highly restrictive legislation.¹ Abortion was legal only in Cuba, Puerto Rico, Guyana, and Uruguay.² Legal limitations on abortion not only affected fundamental rights but also provoked serious damage to women's and pregnant people's health and lives. In fact, at the time, Latin America was reported to have the highest abortion rates in the world, with a considerable proportion of unsafe procedures being a concerning cause of preventable ill-health and death.³

Now, just five years after publication of the mentioned Guttmacher Institute report, the regional legal scenario seems to be shifting towards liberalization. Of course, the persistence of total bans on abortion in countries like Honduras, Nicaragua, El Salvador, Suriname, the Dominican Republic, Jamaica, and Haiti stave off naïve optimism.⁴ But in the last few years, the region saw an extraordinary rise in social mobilization to decriminalize abortion. This transnational political process became known as the *Marea Verde* (Green Tide) because of the consistent use of triangular green kerchiefs/scarves by activists in mass protests that started in Argentina in 2018.⁵ Finally, after decades of political organizing, the movement achieved a series of victories in both the legislative and judicial spheres.

The national courts proved to be an effective means to move towards decriminalization. In April 2021, the Ecuadorian Constitutional Court decriminalized abortion in cases of rape.⁶ Months later, in September 2021, a historic ruling by the Mexican Supreme Court of Justice declared that abortion criminalization is unconstitutional, opening possibilities for legal

1. *Fact Sheet. Abortion in Latin America and the Caribbean*, GUTTMACHER INST., (Mar. 2018), https://www.guttmacher.org/sites/default/files/factsheet/ib_www-latin-america.pdf.

2. *Id.*

3. SUSHEELA SINGH ET AL., *ABORTION WORLDWIDE 2017: UNEVEN PROGRESS AND UNEQUAL ACCESS* (2018).

4. *The World's Abortion Laws*, CTR. FOR REPROD. RTS., <https://reproductiverights.org/maps/worlds-abortion-laws/> (last visited Jan. 25, 2023).

5. See NAYLA LUZ VACAREZZA, *The Green Scarf for Abortion Rights: Affective Contagion and Artistic Reinvention of Movement Symbols*, in *AFFECT, GENDER AND SEXUALITY IN LATIN AMERICA* 63, 64 (Cecilia Macón, et al. eds., 2021).

6. Corte Constitucional del Ecuador [CC] [Constitutional Court of Ecuador] Apr. 28, 2021, SENTENCIA NO. 34-19-IN/21, p. 50 (Ecuador).

reform at the state level.⁷ In February 2022, another historic ruling by the Colombian Constitutional Court decriminalized abortion until the twenty-fourth week of pregnancy.⁸

Progress within the legislative route was also significant, especially in Latin America's Southern Cone. The Uruguayan Parliament was the first in South America to legalize abortion in 2012.⁹ Then, in September 2017, Chile abandoned the total ban imposed by dictator Augusto Pinochet to authorize the termination of pregnancy on three grounds.¹⁰ Finally, the Argentinian Congress passed a landmark law authorizing abortion until the fourteenth week of pregnancy in December 2020.¹¹

Focusing on Uruguay, Chile, and Argentina, this article explores the diverse political strategies of the abortion rights movement and their impact on the legal and policy changes we are currently witnessing. Feminist and women's organizations have used the institutional channels of democracy to advocate for legal reform and developed strategies that exceed the boundaries of institutional politics.¹² On the one hand, they introduced bills through popular initiatives and lobbied legislators, pursued court litigation, worked to facilitate access to care in the formal medical system in cases permitted by the law, and mobilized in the streets to demand change.¹³ At the same time, movements developed other strategies at the margins of the law that also made decisive contributions to the shifting panorama of abortion politics in the region.¹⁴ In particular, since the late 2000s, feminist and women's organizations have supported access to safe medication

7. Despenalización del Aborto, Pleno de la Suprema Corte de Justicia de la Nación [SCJN] [Supreme Court of Justice of the Nation] Décima Época, Sept. 2021, ACCIÓN DE INCONSTITUCIONALIDAD 148/2017 (Mex.).

8. Corte Constitucional de Colombia [CC] [Constitutional Court], febrero 21, 2022, SENTENCIA C-055/22, (p. 1) (Colom.).

9. Law No. 18987, Ley sobre Interrupción Voluntaria del Embarazo. Ley de Aborto [Law No. 18987 of October 30, 2012 Law on Voluntary Interruption of Pregnancy. Abortion Law, Oct. 30, 2012] (Uru.).

10. Law No. 21.030, Regula La Despenalización de la Interrupción Voluntaria del Embarazo en Tres Causales, Septiembre 23, 2017, Diario Oficial [D.O.] (Chile) [Law No. 21.030, Regulates the Decriminalization of the Voluntary Interruption of Pregnancy on Three Grounds, Sept. 23, 2017, Official Diary [D.O.] (Chile).

11. Law No. 27610, Acceso a la Interrupción Voluntaria del Embarazo, Enero 15, 2021, Boletín Oficial (B.O.) (Arg.) [Law No. 27610, Access to the Voluntary Interruption of Pregnancy, Jan. 15, 2021, Official Bulletin (B.O.) (Arg.).

12. Barbara Sutton & Nayla Luz Vacarezza, *Abortion Rights and Democracy: An Introduction*, in ABORTION AND DEMOCRACY: CONTENTIOUS BODY POLITICS IN ARGENTINA, CHILE, AND URUGUAY 1, 1 (Barbara Sutton & Nayla Luz Vacarezza eds., 2021).

13. *Id.*

14. *Id.*

abortion without professional supervision in restrictive legal contexts.¹⁵ In sum, this article shows how, through the use of diverse political strategies, these movements have not only reshaped policy and law at a national level but are also contributing to reimagining abortion politics and movement strategies at a global level.

The first section of the article offers an analysis of the political process that led to legal change through parliament in Uruguay, Chile, and Argentina. In these three countries, abortion liberalization was a major victory for women's and feminist movements after decades of persistent organizing within civil society. However, the path to changes in legislation met with a great deal of resistance and entailed intense political negotiations to achieve any progress. As a result, new legislation is usually not exactly what the movements hoped and aimed for. This section offers a review of the legal landscape before and after reform, considering gains as well as limitations with regard to the effective protection of bodily autonomy and the goals of reproductive justice. Even when movements have achieved legal change, they note a series of shortcomings: new laws still tend to impose unnecessary procedural hurdles for access, position the clinical setting as the only place where legal abortion can be performed, place medical professionals as gatekeepers for abortion access, regulate conscientious objection in ways that become barriers to access, and retain different degrees of criminalization. These movements therefore do not end with legal change. On the contrary, they continue their efforts to monitor policy implementation, demand effective access, defend hard-won gains from conservative attacks, and strategize ways to move forward.

The second section of the article analyzes the activism of feminist networks for access to safe abortion in Uruguay, Chile, and Argentina. In each country, these organizations have shared information on how to safely induce abortions using medication without medical supervision, offering comprehensive support throughout the process. This section also considers the implications of legal reforms and regulations (particularly regarding abortifacient medications) for this kind of activism. It also reflects on their impact on overall access to safe abortions outside the medical system. Lastly, this section shows the extent to which activist organizations are not merely defying or working counter to the law. Besides securing access to safe abortions and discouraging the use of other unsafe methods, these organizations have articulated legal strategies to protect their activism, developed alliances with the formal healthcare system, participated in

15. See Raquel Irene Drovetta, *Safe Abortion Information Hotlines: An Effective Strategy for Increasing Women's Access to Safe Abortions in Latin America*, 23 REPROD. HEALTH MATTERS 47 (2015).

public discussion about legal change, and worked to break cultural stigma around abortion.

Abortion rights have become an issue fraught with tensions worldwide, with significant progress and setbacks showing just how central to contemporary politics gender, sexuality, and reproduction are. While Latin America seems to be moving towards liberalization with the impetus of the Green Tide, that trend is not occurring in all regions. Most notably, through the 2022 *Dobbs v. Jackson Women's Health Organization* decision, the Supreme Court of the United States overturned *Roe v. Wade*, the 1973 ruling that established a constitutional protection to abortion.¹⁶ Knowing the hard way that rights cannot be taken for granted, progressive political actors and movements have now begun to look to Latin America for inspiration on how to face political challenges old and new.

The cases of Argentina, Chile, and Uruguay show that movements can be decisive actors in the quest for legal and policy change regarding abortion. The palpable victories we now see result from decades of grassroots political organizing, forging wide political alliances within civil society, and deploying multiple political strategies simultaneously. Indeed, movements in these countries combined already established forms of civic participation, advocacy, and mobilization with more confrontational and direct-action strategies. From their point of view, legal change is a critical and essential step in a more ambitious and long-term effort to secure substantive bodily autonomy, sexual freedom, and reproductive justice.

II. ABORTION RIGHTS MOVEMENTS AND LEGAL CHANGE

In Argentina, Chile, and Uruguay, struggles for abortion rights are deeply entwined with the struggles for democracy after dictatorships that brutally repressed lives and political ideas.¹⁷ Beginning in the 1980s, women's and feminist movements pushed to include women's, sexual, and reproductive rights in the new democratic agendas. The pioneering *Comisión por el Derecho al Aborto* [Commission for the Right to Abortion] in Argentina is an example of relevant attempts that were made to prompt public debate and legal change.¹⁸ As a result, this demand started to gain traction within women's and feminist movements, although it failed to move beyond those spheres during that decade.

16. See *Dobbs v. Jackson Women's Health Org.*, 142 S.Ct. 2228 (2021).

17. Sutton & Vacarezza, *supra* note 12, at 3.

18. Mónica Tarducci, *Escenas Claves de la Lucha por el Derecho al Aborto en Argentina* [Key Arenas in the Struggle for Abortion Rights in Argentina], 14(3) SALUD COLECTIVA 425, 425-26 (2018).

The 1990s were marked by the United Nations Conferences in Vienna (1993), Cairo (1994), and Beijing (1995) that created transnational structures of support for the demand for sexual and reproductive rights. In Uruguay, for example, the *Comisión Nacional de Seguimiento de Beijing* [Beijing National Follow-Up Commission] monitored the commitments adopted by the Uruguayan state and demanded their fulfillment.¹⁹ Besides providing transnational validation, the human rights framework was relevant at the local level because it resonated with the history of struggles for democracy and justice for the crimes of the dictatorship.²⁰ Although restrictive abortion laws remained unchanged at the national level, feminist transnational cooperation also grew in 1990 with the launch of the *Campaña 28 de Septiembre por la Despenalización y Legalización del Aborto en América Latina y el Caribe* [28th of September Campaign for the Decriminalization and Legalization of Abortion in Latin America and the Caribbean] at the Fifth Latin American and Caribbean Feminist Meeting held in San Bernardo, Argentina.

Efforts by the movement to coalesce with other political actors were key in the 2000s. Through connections with other social struggles, abortion ceased to be a demand limited to the feminist and women's movement. In Uruguay, the *Coordinación Nacional de Organizaciones Sociales por la Defensa de la Salud Reproductiva* [National Coordination of Social Organizations in Defense of Reproductive Health] was created in 2002.²¹ In Argentina, the *Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito* [National Campaign for the Right to Legal, Safe, and Free Abortion], was created in 2005.²² And in Chile, *Miles por la Interrupción del Embarazo* [Thousands for the Interruption of Pregnancy] was launched in 2010, and was the first civil society campaign to demand abortion on certain grounds.²³ To different extents, these coalitions galvanized political

19. SONIA CORREA & MARIO PECHENY, *ABORTUS INTERRUPTUS: POLÍTICA Y REFORMA LEGAL DEL ABORTO EN URUGUAY* [ABORTION INTERRUPTED: ABORTION POLICY AND LEGAL REFORM IN URUGUAY] (2016).

20. Barbara Sutton & Elizabeth Borland, *Abortion and Human Rights for Women in Argentina*, 40 *FRONTIERS: A J. OF WOMEN STUD.* 27, 27 (2019).

21. NIKI JOHNSON ET AL., *LA INSERCIÓN DEL ABORTO EN LA AGENDA POLÍTICO-PUBLICA URUGUAYA 1985-2013: UN ANÁLISIS DESDE EL MOVIMIENTO FEMINISTA* [THE INSERTION OF ABORTION IN THE URUGUAYAN POLITICAL-PUBLIC AGENDA 1985-2013: AN ANALYSIS FROM THE FEMINIST MOVEMENT] (2015).

22. *EL ABORTO COMO DERECHO DE LAS MUJERES. OTRA HISTORIA ES POSIBLE* [ABORTION AS A WOMEN'S RIGHT. ANOTHER HISTORY IS POSSIBLE] (Ruth Zurbriggen & Claudia Anzorena eds., 1st ed. 2013).

23. Cora Fernández Anderson, *The Case of Chile: Co-Opting the Demand for Abortion Reform*, in *FIGHTING FOR ABORTION RIGHTS IN LATIN AMERICA: SOCIAL MOVEMENTS, STATE ALLIES AND INSTITUTIONS* 103, 105 (2020).

alliances between feminist and women's organizations with unions, universities, student organizations, public figures, representatives of political parties, healthcare professionals, lawyers and legal scholars, religious actors, and organizations within the LGBTQ+, Black, and Indigenous communities, among others. At the same time, structural inequality and recurring economic crises during these years revealed that, far from impeding abortion, criminalization was simply making it unsafe, shattering the health and lives of women, especially if they were poor.²⁴ As a result, abortion was increasingly introduced to public debate as a social justice and public health issue. However, even with expanding social support and left-leaning governments in power, legal change remained blocked during this decade.²⁵

In 2012, the legalization of abortion in Uruguay ushered in a new phase for the movement. A few years later, huge popular mobilizations against gender violence and femicides, such as *Ni Una Menos* [Not One Woman Less], showed the feminist movement's capacity to set public agendas and opened up possibilities to increase political pressure for abortion reform.²⁶ In 2017, Chile moved from a total abortion ban to decriminalization on three grounds. The next year, parliamentary debate on the legalization of abortion was opened for the first time in Argentina, with huge street mobilizations in support of the change. Although the 2018 attempt was defeated in the Senate, mobilizations marked the emergence of the Green Tide and positioned abortion legalization as a compelling and urgent matter at a transnational level. During those years, movements worked hard to bolster an open public debate, gain wide popular support, and achieve what they call the "social decriminalization of abortion."²⁷ Finally, after more than thirty years of struggle, abortion was legalized in Argentina. In December 2020, legislators approved a bill legalizing abortion and President Alberto Fernández signed it into law in January 2021.

24. Mario Pecheny et al., *Mobilizaciones por la interrupción voluntaria del embarazo en Argentina y Uruguay: Esperas que no son dulces*, 47(3) CANADIAN J. OF LATIN AM. AND CARIBBEAN STUD. 390 (2022).

25. Merike Blofield & Christina Ewig, *The Left Turn and Abortion Politics in Latin America*, 24 SOC. POL.: INT'L STUD. IN GENDER, STATE & SOC'Y 481, 488 (2017).

26. Mariela Daby & Mason W. Moseley, *Feminist Mobilization and the Abortion Debate in Latin America: Lessons from Argentina*, 18 POL. & GENDER 359, 388 (2022).

27. María Alicia Gutiérrez, *Rights and Social Struggle: The Experience of the National Campaign for the Right to Legal, Safe, and Free Abortion in Argentina*, in ABORTION AND DEMOCRACY: CONTENTIOUS BODY POLITICS IN ARGENTINA, CHILE, AND URUGUAY 157, 161 (Barbara Sutton & Nayla Luz Vacarezza eds., 2021).

In short, together with essentially feminist claims, such as the right to make decisions regarding one's body and sexual freedom, movements developed comprehensive claims for abortion as a demand related to democracy, citizenship, human rights, and social justice.²⁸ The movements' capacity to mobilize and involve different sectors of society was a key political factor for achieving legal change and was the result of decades of less visible, though constant, work by activists. Starting during the transition to democracy after the dictatorships of the 1970s and 1980s, movements aimed to change the law and end the criminalization of abortion as part of a broader effort to transform and shape democratic institutions. Progressive abortion law reforms are the most tangible proof of a change built "from the bottom up," through democratic participation, the involvement of civil society, and political coalition-building.

Even so, these legal changes do not reflect all the movements' aspirations. Rather, they should be interpreted as the result of inescapable political compromises. In fact, the scope of abortion reform is different in each country. While Uruguay and Argentina went from authorization on specific grounds to legal abortion on request based on gestational age limits, Chile moved from a total ban to authorization on specific grounds. Even so, none of the three countries decriminalized abortion altogether, and they continue to use penal law to regulate abortion. In other words, actual legal changes seem to be more gradual and moderate, rather than radical.

Currently, overregulation and unnecessary procedural requisites are a main concern from a feminist point of view. In Uruguay, although abortion is legal, those seeking care must battle with complicated routes to access, multiple mandatory visits to healthcare facilities, and obligatory wait times, among other obstacles. These kinds of regulations, which also exist in Chile, condition the right to choose and become barriers to access. Moreover, these procedural hurdles are not present in any other type of medical care and therefore establish abortion as something exceptional, further reinforcing social stigma.

The crucial role assigned to healthcare institutions and professionals is another concern, especially in Uruguay and Chile. Medical professionals are simultaneously positioned as guardians of the legal order and guarantors of a safe and effective healthcare practice.²⁹ On the one hand, they are

28. Barbara Sutton & Elizabeth Borland, *Framing Abortion Rights in Argentina's Encuentros Nacionales de Mujeres*, 39 FEMINIST STUD. 194, 227 (2013).

29. Agustina Ramón Michel & Mercedes Cavallo, *El Principio de Legalidad y las Regulaciones de Aborto Basadas en los Médicos*, in EL ABORTO EN AMÉRICA LATINA. ESTRATEGIAS JURÍDICAS PARA LUCHAR POR SU LEGALIZACIÓN Y ENFRENTAR LAS RESISTENCIAS CONSERVADORAS 31, 41 (Paola Bergallo, et al. eds., 2018).

given the power to decide who is authorized to have an abortion (e.g., certifying legal grounds or controlling lawful procedures for access); as a result, the healthcare system and medical professionals end up acting as gatekeepers. On the other hand, medical professionals have been established as the necessary condition for both abortion safety and legality. Therefore, abortion becomes over-medicalized, in disregard of scientific evidence and guidelines confirming that self-managed abortion with medication can be safe and effective.³⁰ More so, these laws criminalize individuals who seek access to abortion outside the medical system because they face different barriers or are operating outside the limited provisions of the law. In contrast to Chile and Uruguay, Argentina has moved to a model where access to the formal healthcare system is considered a right and not a requirement for an abortion to be legal.

The regulation of conscientious objection is also a delicate matter given the importance that medical professionals and institutions have within the framework of these laws. To different extents, the three countries have recognized the right of healthcare professionals to individually object to being part of abortion care. Uruguay and Chile have gone further to also recognize institutional conscientious objection, permitting religious and conservative healthcare institutions to refuse to provide abortion care. Although procedural regulations limit these protections to different extents, compliance monitoring is not easy, and conscientious objection becomes another relevant obstacle to access.

Ultimately, legal change was a major milestone for women and pregnant people in each country. Even so, it is important to note that from the movements' perspective, legal change secures a critical baseline of protections but is not the end of the road. Movement efforts continue after legal reform to demand full compliance with the law, monitor policy implementation, defend what has been achieved from conservative attacks, and strategize ways to move forward.

II. A. Uruguay: From Harm Reduction to Legality with Guardianship

Uruguay was the first South American country to legalize abortion. In October 2012, approval of the Voluntary Interruption of Pregnancy Law (No. 18987) was widely celebrated as a milestone for women's rights in the region. Nevertheless, parliamentary negotiations over the original bill led to a series of compromises that limited protections granted by the law and increased requirements to access care.

30. World Health Organization [WHO], ABORTION CARE GUIDELINE (2022), <https://www.who.int/publications/i/item/9789240039483>.

Before legalization, a 1938 law amending the Criminal Code was still in force and authorized judges to mitigate punishment in certain cases such as “honor,” rape, serious risk to health or life, or economic hardship.³¹ Since the end of the military dictatorship in 1985, feminist and women’s organizations advocated for abortion rights as a central issue for the new democratic period. In the early 2000s, Uruguay suffered a grave economic crisis and was “among the countries with the highest maternal mortality rate from abortion complications.”³² Responding to this alarming statistic, the feminist movement coalesced with multiple social and political actors in an effort to legalize abortion and formed the National Coordination of Social Organizations in Defense of Reproductive Health.

Medical professionals working in the public health system were key to advancing the cause. They dealt with the human costs of unsafe abortion while acknowledging the legal restrictions that kept them from being able to provide care. A risk and harm reduction strategy was developed to mitigate the effects of unsafe methods, provide information about the use of misoprostol for safe termination of pregnancy outside a medical setting, and offer post-abortion care.³³ This model reduced maternal morbidity and mortality and led to abortion being considered a pressing public health issue.³⁴

During those years, the movement succeeded in placing abortion rights on the public agenda as part of a wider demand for sexual and reproductive rights in collaboration with sympathetic legislators.³⁵ In 2008, the movement obtained an important victory when the Uruguayan Parliament approved the comprehensive Law on Sexual and Reproductive Health.³⁶ The original text included articles legalizing abortion, but they were soon vetoed by then President Tabaré Vázquez. After that setback and with new

31. Law No. 9763, Código Penal Modificación, Febrero 14, 1938 [Law No. 9763 of February 14, 1938 for the Penal Code Modification] (Uru.).

32. Leonel Briozzo et al., *Unsafe Abortion in Uruguay*, 85 INT’L J. GYNECOLOGY & OBSTETRICS 70, 72 (2004).

33. Leonel Briozzo et al., *A Risk Reduction Strategy to Prevent Maternal Deaths Associated with Unsafe Abortion*, 95 INT’L J. GYNECOLOGY & OBSTETRICS 221, 221 (2006).

34. Leonel Briozzo, *From Risk and Harm Reduction to Decriminalizing Abortion: The Uruguayan Model for Women’s Rights*, 134 INT’L J. GYNECOLOGY & OBSTETRICS S3, S3 (2016); Ana Labandera et al., *Implementation of the Risk and Harm Reduction Strategy Against Unsafe Abortion in Uruguay: From a University Hospital to the Entire Country*, 134 INT’L J. GYNECOLOGY & OBSTETRICS S7, S7 (2016).

35. Cora Fernández Anderson, *The Case of Uruguay: Working Together Towards Comprehensive Abortion Reform*, in FIGHTING FOR ABORTION RIGHTS IN LATIN AMERICA. SOCIAL MOVEMENTS, STATE ALLIES AND INSTITUTIONS 66 (2020).

36. Law No. 18426, Ley Sobre Salud Sexual y Reproductiva [Law No. 18426 of December 12, 2008 Law on Sexual and Reproductive Health], Diciembre 12, 2008 (Uru.).

President José Mujica in office, another legal abortion bill was introduced in 2011. Following intense political negotiations to obtain the necessary votes, the law was finally passed in October 2012.

The Voluntary Interruption of Pregnancy Law establishes abortion as a healthcare benefit provided free of cost within the National Integrated Health System. This important measure recognized not only the right to terminate a pregnancy but the need to ensure broad and equitable access to services. However, access to care is guaranteed only for citizens and migrants who have been legally residing in the country for at least one year. Singling out abortion as the only healthcare practice that requires nationality or residence further stigmatizes abortion and places migrants in unequal conditions.³⁷

Uruguayan law authorizes voluntary termination of pregnancy within certain time limits. Abortion is permitted, in general, until the twelfth week of pregnancy. After that, and until the fourteenth week, abortion is allowed only if the pregnancy is the result of an “act of rape duly accredited through criminal complaint.”³⁸ The law does not establish time limits when pregnancy poses a serious risk to the health of the pregnant person or when there are fetal malformations incompatible with extra-uterine life.

One notable feature of the law is the establishment of several procedural requirements to access legal abortion. Women and pregnant persons seeking care must attend three successive medical consultations. At the first appointment, the person must report “the circumstances resulting from the conditions in which conception occurred or situations of economic, social, familial, or age-related hardship that, in their judgement, are an obstacle to continuing with the pregnancy.”³⁹ The second appointment involves an interdisciplinary team made up of at least three healthcare professionals: a gynecologist, a mental health professional, and a social worker. Following the provisions of the law, at that appointment, the healthcare team must offer information about the “inherent risks” related to the practice and offer alternatives to abortion, including adoption and economic support programs for motherhood. The law explicitly states that the aim of this consultation is to “help overcome the reasons that might lead

37. Alejandra López-Gómez et al., *Push and Pull. The Rocky Road to Legalization of Abortion in Uruguay*, in *ABORTION AND DEMOCRACY. CONTENTIOUS BODY POLITICS IN ARGENTINA, CHILE, AND URUGUAY* 117, 126 (Barbara Sutton & Nayla Luz Vacarezza eds., 2021).

38. Law No. 18987, *Ley Sobre Interrupción Voluntaria del Embarazo. Ley del Aborto* [Law No. 18987 of October 30, 2012 Law on Voluntary Interruption of Pregnancy. Abortion Law], art. 6, Octubre 30, 2012 (Uru.).

39. Law No. 18987 art. 3, Octubre 30, 2012 (Uru.).

a woman to interrupt her pregnancy.”⁴⁰ This appointment is followed by a mandatory “reflection period” of at least five days. Finally, at the third appointment, the person must make their decision known to a gynecologist, who is now allowed to provide care. A fourth post-abortion consultation is offered for follow-up and contraceptive counseling.

This complicated route is burdensome to those seeking abortion, slows down resolution of a time-sensitive matter, and ends up becoming an obstacle to accessing care. Requisites like the obligation to justify one’s choice throughout multiple medical appointments ends up limiting autonomy and can be interpreted as paternalistic and condescending to patients. Furthermore, the role assigned to the healthcare system and medical professionals is designed to control compliance with the strict procedures sanctioned by the law. The multidisciplinary approach was meant to frame abortion as a multifaceted issue and allow for task-sharing among different professions, but, because of human resources constraints and a high prevalence of conscientious objection, it ended up becoming yet another barrier to access.⁴¹ The mandatory “reflection period” runs counter to the World Health Organization guidelines on abortion care that recommends against introducing unnecessary delays that may, in the end, jeopardize access.⁴²

Susan Wood, Lilián Abracinkas, Sonia Correa and Mario Pecheny noted that the law establishes abortion as a “procedure that should be authorized in certain cases and under medical surveillance, in order to avert harm, but falling short of recognizing women’s right to decide on reproductive matters.”⁴³ Far from being conceptualized as a normal and fundamental healthcare service, abortion is viewed as something exceptional that must be closely supervised by medical professionals. Furthermore, Lucía Berro Pizzarossa stated that the law “does not represent a lessening of control but rather a shift in the forms of control: from criminalization to medical control.”⁴⁴ In the same direction, Susana Rostagnol and Magdalena Caccia pointed out that procedural requisites, the obligation to access abortion only through the formal healthcare system, and

40. *Id.*

41. Bianca M. Stifani et al., *From Harm Reduction to Legalization: The Uruguayan Model for Safe Abortion*, 143 INT’L J. OF GYNECOLOGY & OBSTETRICS 45, 47-48 (2008).

42. See WHO, *supra* note 30, at 61.

43. Susan Wood et al., *Reform of Abortion Law in Uruguay: Context, Process and Lessons Learned*, 24 REPROD. HEALTH MATTERS 102, 105 (2016).

44. Lucía Berro Pizzarossa, “Women Are Not in the Best Position to Make These Decisions by Themselves:” *Gender Stereotypes in the Uruguayan Abortion Law*, 1 UNIV. OF OXFORD HUM. RTS. HUB J. 25, 30 (2019).

medical control over the process can be easily interpreted as forms of guardianship over women's bodies and autonomy.⁴⁵

Conscientious objection is another important aspect to consider. The Voluntary Interruption of Pregnancy Law protects conscientious objection for gynecologists and healthcare personnel as long as they individually declare their choice before the competent authorities.⁴⁶ A subsequent regulatory decree established the procedures and conditions for the exercise of conscientious objection.⁴⁷ Shortly after, a group of gynecologists challenged the decree before the administrative court on the grounds that it restricted their freedom of thought, resulting in a ruling that annulled several limitations to conscientious objection.⁴⁸ Uruguayan regulations now allow medical professionals to refuse to participate in any practices related to abortion, in addition to the procedure itself.⁴⁹ There is also protection for an institutional right to "ideological objection" (*objeción de ideario* in the original Spanish) that allows private healthcare institutions to abstain from providing abortion services.⁵⁰ Monitoring reports by feminist organizations indicate that conscientious objection has become one of the biggest obstacles to abortion access, with 100% of the gynecologists in some regions of the country abstaining from providing care.⁵¹

Furthermore, abortion is still considered a crime by the Criminal Code.⁵² In fact, all abortions that take place outside the healthcare system, do not comply with the strict lawful procedures, or fall out of the narrow time limits established by the law may be subject to criminal prosecution. As stated by Alejandra López-Gómez, Martín Couto and Lucía Berro Pizarossa, "[t]he liberalization of access to abortion provided by the Uruguayan abortion law actually reflects not a decriminalization of

45. Susana Rostagnol & Magdalena Caccia, *Women's Bodies, an Eternal Battlefield?*, in *ABORTION AND DEMOCRACY: CONTENTIOUS BODY POLITICS IN ARGENTINA, CHILE, AND URUGUAY* 136, 138 (Barbara Sutton & Nayla Luz Vacarezza eds., 2021).

46. Law No. 18987 art. 11, Octubre 30, 2012 (Uru.).

47. Decree No. 375/012, Reglamentación de la Ley Sobre Interrupción Voluntaria del Embarazo. Ley del Aborto [Regulation of Voluntary Interruption of Pregnancy Law. Abortion Law], art. 28-35 (Uru.).

48. See Tribunal de lo Contencioso Administrativo [High Court of Administrative Affairs] Aug. 11, 2015, ALONSO, JUSTO Y OTROS CONTRA PODER EJECUTIVO, ACCIÓN DE NULIDAD, DECISIÓN 586/2015 (Uru.).

49. Lucía Berro Pizarossa, *Legal Barriers to Access Abortion Services Through a Human Rights Lens: The Uruguayan Experience*, 26 *REPROD. HEALTH MATTERS* 151, 155 (2018).

50. *Id.*

51. See MUJER Y SALUD EN URUGUAY, 2007-2017 SISTEMATIZACIÓN DE 10 AÑOS DE MONITOREO PARA LA INCIDENCIA SOCIAL, CONOCER LA REALIDAD PARA CAMBIARLA [SYSTEMIZATION OF TEN YEARS OF MONITORING FOR SOCIAL ADVOCACY, KNOW THE REALITY TO CHANGE IT] 47 (2018) (Uru.).

52. CÓDIGO PENAL NO. 9155 [CÓD. PEN.] [CRIMINAL CODE] art. 325-28 (Uru.).

abortion, but an affirmation of abortion's illegality—except in certain circumstances.”⁵³

The terms under which abortion was legalized do not reflect the aspirations of the movement at the time but rather shed light on the political negotiations that had to take place to secure legalization. With good reason, activists argue that the law “became old.”⁵⁴ Overregulation created multiple barriers to access in the formal health system, and continued criminalization produced unnecessary legal, health, and social risks for those who face obstacles or whose personal circumstances leave them outside of the narrow provisions of the law.

Since passage of the law, feminist organizations such as *Mujer y Salud en Uruguay* [Women and Health in Uruguay] have monitored its implementation and pushed for full application of new policies in the entire country.⁵⁵ In March 2020, the inauguration of right-leaning President Luis Lacalle Pou initiated a new political era after three terms of left-leaning governments by the *Frente Amplio* [Broad Front] party. A few months into his presidency, Lacalle Pou asserted that there must be a “policy that discourages abortion” and that his government had a “pro-life agenda.”⁵⁶ Movements have therefore redoubled their efforts to protect the law and its implementation, noting that, despite its shortcomings, it still represents a substantive step forward. Indeed, since 2012, the Voluntary Interruption of Pregnancy Law has secured a basic standard of legal protections and cost-free access to care that cannot be taken for granted.

II. B. Chile: From Total Ban to Grounds for Extreme Situations

In September 2017, Chile abandoned its total ban on abortion with passage of the Law that Regulates the Decriminalization of Voluntary Interruption of Pregnancy on Three Grounds (No. 21030). The law introduced modifications to the Chilean Sanitary Code that regulates all matters related to health. In doing so, the Sanitary Code now allows

53. López-Gómez, *supra* note 37, at 125.

54. Alejandro Prieto, *Consagrada pero obstaculizada, la pionera ley de aborto uruguayana cumple 10 años*, AGENCIA EFE (Oct. 23, 2022), <https://efe.com/mundo/consagrada-pero-obstaculizada-la-pionera-ley-de-aborto-uruguayana-cumple-10-anos/>.

55. *Informes Observatorio Nacional en Género y Salud Sexual y Reproductiva*, Mujer y Salud en Uruguay, <https://www.mysu.org.uy/web/que-hacemos/observatorio/informes-observatorio/> (last visited Jan. 25, 2023).

56. Lacalle Pou, “Hay que tener una política de desestímulo de los abortos,” EL PAÍS (May 4, 2020), <https://www.elpais.com.uy/informacion/politica/lacalle-pou-hay-que-tener-una-politica-de-desestimulo-de-los-abortos>.

abortion under three circumstances: risk to the life of the pregnant person, fetal unviability outside the womb, and rape.⁵⁷

Chile's first Criminal Code, approved in 1874, criminalized abortion with no exceptions.⁵⁸ Later, in 1931, the first Sanitary Code was approved, and it authorized abortion on therapeutic grounds for the first time.⁵⁹ In 1968, a new Sanitary Code was introduced upholding abortion for therapeutic purposes.⁶⁰ All in all, authorization for abortion on therapeutic grounds was in force for fifty-eight years.⁶¹ But, in September 1989, one of dictator Augusto Pinochet's last official decisions was to introduce a total ban on abortion that stated: "No action may be carried out intended to cause abortion."⁶² This regulation made Chile one of the countries with the most draconian laws on abortion, resulting in a burdensome legacy for future democratic governments.

Nearly thirty years had to pass before permissions for abortion in certain circumstances were reinstated. In 2010, Thousands for Pregnancy Interruption (also known as MILES for its Spanish acronym) launched a campaign for abortion on three grounds, and three years later they presented the first bill for abortion reform drafted by civil society organizations.⁶³ In 2014, Michelle Bachelet became President for the second time after campaigning with a political program that included abortion legalization on certain grounds. Later, in January 2015 she introduced a bill to legalize abortion under three circumstances that were more limited than the one presented by MILES. This situation created serious tension within both moderate and more radical sectors of the movement aiming for "free abortion," meaning legal abortion on demand and without restrictions.⁶⁴

The presidential bill went through a long process, which included introduction of several modifications and challenges to the legislation's constitutionality. The alterations limited rights and guarantees in different

57. CÓDIGO SANITARIO [CÓD. SANIT.] [HEALTH CODE] art. 119 (Chile).

58. CÓDIGO PENAL [CÓD. PEN.] [CRIMINAL CODE] art. 342-45 (1874) (Chile).

59. *See* Decreto con fuerza de Ley [Decree-Law] No. 226, art. 226 (1931) (Chile).

60. *See* Decreto con fuerza de Ley [Decree-Law] No. 725, art. 119 (1968) (Chile).

61. Paz Robledo Hoecker et al., *Proceso de Despenalización de la Interrupción del Embarazo en Tres Causales de Chile. Mirada desde la Salud*, in *ABORTO EN TRES CAUSALES EN CHILE. LECTURAS DEL PROCESO DE DESPENALIZACIÓN* 27, 29 (Lidia Casas Becerra & Gloria Maira Vargas eds., 2019).

62. Law No. 18826, *Sustituye Artículo 119 del Código Sanitario*, [Substitutes Article 119 from the Sanitary Code] (1989) (Chile).

63. Fernández Anderson, *supra* note 23, at 105.

64. Gloria Maira Vargas & Carola Carrera Ferrer, *Estrategias feministas para la despenalización del aborto en Chile. La experiencia de la Mesa Acción por el Aborto*, in *ABORTO EN TRES CAUSALES EN CHILE. LECTURAS DEL PROCESO DE DESPENALIZACIÓN* 181 (Lidia Casas Becerra & Gloria Maira Vargas eds., 2019).

areas, such as definition of the legal grounds, gestational limits, conscientious objection, and confidentiality, among others.⁶⁵ After approval of the law in both legislative chambers, the Constitutional Court confirmed constitutionality of the law and expanded protections for conscientious objection. Finally, the Law that Regulates the Decriminalization of Voluntary Interruption of Pregnancy on Three Grounds was passed in September 2017.

Although the new legislation marks important progress with respect to the total ban, it is still highly restrictive since it authorizes abortion only in fairly extreme situations. For instance, the law does not include exceptions for when there are risks for the pregnant person's health that are not life-threatening. Similar to Uruguayan legislation, the Chilean law sets forth a series of requirements to demonstrate legal grounds and medical professionals are given a crucial role. In all cases, medical professionals must certify the legal grounds and are therefore positioned as gatekeepers of abortion access. A medical surgeon must also intervene in all cases, severely limiting the range of healthcare professionals who are allowed to provide care. One medical diagnosis is needed when the pregnancy poses a risk to the life of the pregnant person. Meanwhile, two diagnoses made by medical specialists are required when the embryo/fetus has malformations incompatible with life outside the womb. No gestational time limit is set in either of these cases. Finally, in the case of rape, a medical team must confirm sexual abuse. Also, gestational age must not exceed twelve weeks (or fourteen weeks when the assaulted person is under fourteen years of age).⁶⁶ These extremely narrow time limits do not take into account how difficult early detection of pregnancy can be in cases of sexual violence, especially for girls and adolescents. Confidentiality for women over eighteen years of age is another shortcoming regarding the rape exception.⁶⁷ Hospital directors must inform the Prosecutor's Office when an abortion on the grounds of rape is requested, and this can result in a criminal investigation even against the assaulted person's will.⁶⁸

Medical professionals are also required to provide "verbal and written information on the alternatives to interruption of pregnancy, including available social, economic, and adoption support programs."⁶⁹ Like the process in Uruguay, women must be informed of alternatives to abortion

65. Gloria Maira et al., *Abortion in Chile: The Long Road to Legalization and its Slow Implementation*, 21(2) HEALTH AND HUM. RTS. J. 121, 122 (2019).

66. CÓDIGO SANITARIO [Health Code] art. 119 (Chile).

67. Maira et al., *supra* note 65, at 125.

68. *See* CÓDIGO SANITARIO [Health Code] art. 119 bis (Chile).

69. CÓDIGO SANITARIO [Health Code] art. 119 (Chile).

when requesting a specific type of medical care: the termination of pregnancy. Though the Chilean law states that this information is not meant to influence the woman's decision, this mandatory step in the procedure sets abortion apart as something exceptional and inherently less preferable than carrying a pregnancy to term. According to the law, certain information must be given regardless of the woman's willingness to receive it, while other information must not be shared. In fact, the law prohibits all advertising about abortion services, and thus public information about abortion rights and routes to access are extremely limited.⁷⁰

Also similar to what occurred in Uruguay, conscientious objection became a disputed issue in courts. The original bill introduced by President Michelle Bachelet allowed the attending physician to individually invoke conscientious objection and be released from the obligation to provide abortion care. Debate in Congress widened that protection to include all intervening health professionals, including nurses and nurses' aides, midwives, and anesthetists.⁷¹ After congressional approval, a ruling of the Constitutional Court introduced further protections to conscientious objection in two main areas.⁷² First, the ruling installed broad protection for institutional conscientious objection, overturning the legislative decision to keep conscientious objection a right of natural persons (and not juridical persons).⁷³ The Constitutional Court based this decision not only on the protection of freedom of conscience and religious freedom but also on the protection of the right to associate and the autonomy of civil associations.⁷⁴ Second, the Constitutional Court allowed conscientious objection for all personnel involved in abortion care, not only professionals.⁷⁵

The Law that Regulates the Decriminalization of Voluntary Interruption of Pregnancy on Three Grounds introduced modifications to the Criminal Code but still criminalizes abortion.⁷⁶ Specifically, it imposes

70. CÓDIGO SANITARIO [Health Code] art 119 quáter (Chile).

71. Maira et al., *supra* note 65, at 125.

72. Tribunal Constitucional [T.C.] [Constitutional Court], Aug. 28, 2017, SENTENCIA NO. ROL 3729-17 (Chile).

73. Rodolfo Figueroa G., *Objeción de conciencia en el fallo del Tribunal Constitucional sobre el proyecto de ley que despenaliza el aborto en tres casuales*, in *ABORTO EN TRES CAUSALES EN CHILE. LECTURAS DEL PROCESO DE DESPENALIZACIÓN 151, 151* (Lidia Casas Becerra & Gloria Maira Vargas eds., 2019).

74. Verónica Undurraga Valdés, *La sentencia de aborto del Tribunal Constitucional de Chile: Evitando la excepcionalidad en el trato de la mujer embarazada como sujeto de derecho*, in *ABORTO EN TRES CAUSALES EN CHILE. LECTURAS DEL PROCESO DE DESPENALIZACIÓN 121, 121* (Lidia Casas Becerra & Gloria Maira Vargas eds., 2019).

75. Rodolfo Figueroa G., *supra* note 73, at 158-59.

76. CÓDIGO PENAL [CÓD. PEN.] [CRIMINAL CODE] art. 342-45 (Chile).

prison time for women who, outside the limits established by law, self-induce abortion or seek help from a third person to terminate a pregnancy.⁷⁷

After almost three decades of complete prohibition of abortion, the Law that Regulates the Decriminalization of Voluntary Interruption of Pregnancy on Three Grounds is a leap forward that nonetheless protects only a very basic standard of rights for very limited and extreme situations. Under the law's provisions, women and pregnant persons are not considered free to choose but rather are authorized to terminate a pregnancy under very limited circumstances. Even under those circumstances that they have not chosen or provoked, the law imposes several procedural hurdles on the route to access. Instead of placing healthcare professionals and institutions as upholders of sexual and reproductive rights, it positions them as gatekeepers. Indeed, healthcare institutions and professionals are given the right to refuse to provide care, further complicating access.

Given this situation, organizations like *Mesa Acción por el Aborto en Chile* [Committee for Abortion Action in Chile] have pushed to secure full implementation of the law through monitoring and advocacy.⁷⁸ Also, with the motto "Three Grounds Are Not Enough," activists continued to work toward legal reform. Only ten months after legalization on three grounds, they participated in the introduction of a new bill proposing abortion on demand until the fourteenth week of pregnancy, though it was ultimately defeated.⁷⁹ Following the 2019 popular uprisings known as the *Estallido Social*, abortion rights movements also got involved in the historical process of reforming the 1980 Constitution approved during Augusto Pinochet's dictatorship. A wide coalition of political organizations, the *Asamblea Permanente por la Legalización del Aborto* [Permanent Assembly for Abortion Legalization] was formed in 2021 with the aim of introducing a popular initiative to include abortion as a protected right under the new Constitution. The initiative far surpassed the popular support needed, was later approved by the Constitutional Convention, and was finally included in the draft of the Constitution.⁸⁰ A popular referendum rejected the draft in September 2022, and Chile missed the opportunity of

77. CÓDIGO PENAL [CÓD. PEN.] [CRIMINAL CODE] art. 344 (Chile).

78. MESA ACCIÓN POR EL ABORTO EN CHILE, <https://www.accionaborto.cl/> (last visited Jan. 25, 2023).

79. *La Cámara de Diputados de Chile rechazó la despenalización del aborto y el proyecto será archivado*, CNN EN ESPAÑOL (Nov. 30, 2021, 1:02 PM), <https://cnnespanol.cnn.com/2021/11/30/diputados-chile-rechazo-despenalizacion-aborto-proyecto-archivado-orix/>.

80. Cora Fernández Anderson, *Chile Becomes First Country in the Americas to Protect Abortion Rights in Its Constitution*, MS. MAGAZINE (Apr. 4, 2022), <https://msmagazine.com/2022/04/04/chile-abortion-constitution-feminism/>.

becoming the first country in the world to protect abortion as a constitutional right.⁸¹

II. C. Argentina: From Inaccessible Grounds to Legal Abortion

In December 2020, the Argentine Congress approved the Access to Voluntary Interruption of Pregnancy Law (No. 26710). The new regulation went into effect shortly after, in January 2021, securing the right to abortion by decision of the pregnant person until the fourteenth week of pregnancy.⁸² After that, and without established time limits, abortion is still permitted on two grounds: when the pregnancy was the result of rape and when the health of the pregnant person is in danger. In the case of rape, the only requirement for authorization of abortion is a sworn statement by the pregnant person made before the healthcare professional.⁸³ In the case of danger to the life, or health of the pregnant person, the law does not set specific requirements.⁸⁴

Before the legal shift, the 1921 Argentine Criminal Code allowed abortion only on two specific grounds: (1) to prevent danger to the life or health of the woman; and (2) “if the pregnancy is the result of a rape or indecent assault on an idiot or demented woman.”⁸⁵ Besides being questionable for using derogatory language, the cited wording allowed for a variety of interpretations. It was not clear if the rape clause allowed all women subjected to sexual violence to have an abortion or if the permission in cases of rape was restricted to mentally ill or handicapped women. To clarify the scope of permissions, the wording received modifications during the dictatorships, but soon after the return to democracy in 1984, the original wording was reinstated.⁸⁶ In any case, an “informal rule” ensured a *de facto* ban on all abortions, and the practice was rarely available in the health care system.⁸⁷

81. Jack Nicas, *Chile Says ‘No’ to Left-Leaning Constitution After 3 Years of Debate*, N.Y. TIMES (Sept. 4, 2022), <https://www.nytimes.com/2022/09/04/world/americas/chile-constitution-no.html?smid=url-share>.

82. Decree No. 14/2021, *Promúlgase Parcialmente la Ley No. 27610* [Partial Enactment of Law No. 27610], Jan. 14, 2021 (Arg.).

83. Law No. 27610 art. 4, [Boletín Oficial] B.O. (Arg.).

84. *Id.*

85. CÓDIGO PENAL [CÓD. PEN.] [CRIM. CODE] art. 86 (1921) (Arg.).

86. MALA HTUN, *SEX AND THE STATE: ABORTION, DIVORCE, AND THE FAMILY UNDER LATIN AMERICAN DICTATORSHIPS AND DEMOCRACIES* 148 (2003).

87. Paola Bergallo, *The Struggle Against Informal Rules on Abortion in Argentina*, in *ABORTION LAW IN TRANSNATIONAL PERSPECTIVE. CASES AND CONTROVERSIES* 143, 143 (Rebecca J. Cook, Joanna N. Erdman & Bernard M. Dickens eds., 2014).

Since the democratic transition, women's and feminist organizations fought to place abortion on the public agenda.⁸⁸ In 2005, the movement came together at the National Campaign for the Right to Legal, Safe and Free Abortion, which was a wide alliance of hundreds of political organizations with the aim of decriminalizing and legalizing abortion.⁸⁹ The triangular green kerchief/bandana was established as their symbol and activists have persistently used it as an emblem since then. The Campaign began presenting popular initiative bills in Congress in 2007. In addition, activists and organizations that were part of the Campaign participated in court cases, demanding access to abortion care in cases permitted by law.

Paola Bergallo pointed out that, starting in 2005, court litigation became the route to clarifying the grounds and forcing the issuance of guidelines for access.⁹⁰ Later, in March 2012, the Supreme Court of Justice issued a landmark ruling about abortion in the *F., A.L.* case. The Court confirmed a prior decision of the Superior Court of Chubut Province that authorized an abortion for a fifteen-year-old adolescent who was raped.⁹¹ Most importantly, the ruling clarified the correct interpretation of the Criminal Code's grounds considering human rights standards: abortion was not punishable when the health of the pregnant person was in danger or when pregnancy was the result of rape, regardless of the pregnant person's mental condition.⁹² Also, the Supreme Court established the state's duty to provide legal abortion services and implement protocols for access.⁹³ This led to gradual and uneven progress for access to abortion in cases permitted by the law. Despite its significance, this "procedural turn" led to implementation and interpretation deficits.⁹⁴ Noncompliance with the ruling also demonstrated the Argentine judiciary's lack of enforcement power.⁹⁵ Ultimately, the whole process showed that the ground's model was not enough and that movements needed to insist on pursuing legal abortion available upon request.

88. MABEL BELLUCCI, *HISTORIA DE UNA DESOBEDIENCIA: ABORTO Y FEMINISMO* (2014).

89. Gutiérrez, *supra* note 27, at 159.

90. Bergallo, *supra* note 87, at 144.

91. Corte Suprema de Justicia de la Nación [CSJN] [National Supreme Court of Justice], 13/3/2012, "F., A.L. s/ medida autosatisfactiva," Fallos de la Corte Suprema de Justicia de la Nación [Fallos] (2012-259-28) (Arg.).

92. María Eugenia Monte, *Abortion, Sexual Abuse and Medical Control: The Argentinian Supreme Court decision on F., A.L.*, 26 *SEXUALIDAD, SALUD Y SOCIEDAD* 68, 75 (2017).

93. Corte Suprema de Justicia de la Nación [CSJN] [National Supreme Court of Justice], 13/3/2012, "F., A.L. s/ medida autosatisfactiva," Fallos de la Corte Suprema de Justicia de la Nación [Fallos] (2012-259-14) (Arg.).

94. Bergallo, *supra* note 87, at 165.

95. Andrea F. Noguera, *Argentina's Path to Legalizing Abortion: A Comparative Analysis of Ireland, the United States, and Argentina*, 25 *SW. J. OF INT'L L.* 356, 359 (2019).

In 2018, the Campaign presented its abortion legalization bill for the seventh time and, finally, parliamentary debate was opened for the first time. At this point, the Campaign had become a country-wide movement with alliances in numerous sectors of civil society. Also, healthcare professionals, abortion accompaniment organizations, teachers, and university professors organized within the Campaign, forming specific networks for advocacy.⁹⁶ That was how the movement managed to put abortion at the center of the public agenda and to mobilize millions of people on the streets while Congress was in session. However, the bill failed to pass the Senate. Another attempt to legalize abortion was made in 2020, this time with the support of President Alberto Fernández. Despite the difficulties posed by the COVID-19 pandemic, decades of organizing finally paid off, and the movement achieved a milestone for the region when abortion was legalized.

Notably, a series of the Campaign's demands were included in the Argentine law. Not only were abortion and post-abortion care secured by the law, but also services related to the prevention of unintended pregnancies, such as information, sex education, and contraceptive methods.⁹⁷ These were among the Campaign's central demands in its consistent framing of abortion as integral to sexual and reproductive rights as a whole, and within the broader scope of human rights.⁹⁸ The Campaign's slogan "Sex education for choice, contraception to prevent abortion, and legal abortion to prevent death," also shows its comprehensive approach to abortion. Secondly, the law establishes that all services must be provided free of charge in both public and private healthcare institutions.⁹⁹ The Campaign always framed abortion as a matter of social justice and, therefore, another central demand was securing equitable access to comprehensive healthcare. Thirdly, the law recognizes abortion rights not only for women, but also for "persons with other gender identities who have the ability to become pregnant," including trans men, non-binary, queer-identified, and gender non-conforming people.¹⁰⁰ Since 2016, the bills presented by the Campaign demanded the inclusion of people with different gender identities in line with the groundbreaking Gender Identity Law (No. 26743) that Argentina passed in 2012.¹⁰¹

96. Gutiérrez, *supra* note 27, at 164-66.

97. Law No. 27610 art. 2, Jan. 15, 2021, 34.562 B.O. 3 (Arg.).

98. Sutton & Borland, *supra* note 20.

99. Law No. 27610 art. 12, Jan. 15, 2021, 34.562 B.O. 3 (Arg.).

100. Law No. 27610 art. 1, Jan. 15, 2021, 34.562 B.O. 3 (Arg.).

101. Barbara Sutton & Elizabeth Borland, *Queering Abortion Rights: Notes from Argentina*, 20 (12) CULTURE, HEALTH, & SEXUALITY 1378, 1388-89 (2018).

Furthermore, the Access to Voluntary Interruption of Pregnancy Law stipulates that abortion care must be provided within a period not exceeding ten days following request.¹⁰² This provision recognizes that abortion is a time-sensitive issue and that any delays are, in fact, barriers to access.

Healthcare personnel are obligated by the law to offer dignified treatment and guarantee privacy, confidentiality, autonomy, access to information, and quality care for patients. While the law secures access to information and comprehensive healthcare, it also states that “these services are not obligatory for the patient, nor are they a conditioning factor for implementation of the practice.”¹⁰³ In other words, the law does not require all abortions to go through the healthcare system, nor does it stipulate that abortions must always be performed by healthcare professionals.¹⁰⁴ Unlike in the cases of Uruguay and Chile, the Argentine law does not place medical professionals in the role of gatekeepers, nor does it position the clinical setting as a condition for the legality of abortion. In other words, access to medical care is introduced in the law as a right but not an obligation or condition for legality of the practice. Abortion by medication that is administered outside the healthcare system is not outlawed and, specifically, the law stipulates that receiving post-abortion care is a right “without prejudice if the decision to abort may have been contrary to the legally authorized cases.”¹⁰⁵

Regarding conscientious objection, the law states that “[a]ny healthcare professional who may have to intervene directly in the interruption of pregnancy has the right to exercise conscientious objection.”¹⁰⁶ That is, the law recognizes conscientious objection as an individual right that protects only professionals who are directly involved in the abortion procedure.¹⁰⁷ Other professionals, technicians, and personnel who perform tasks indirectly related to abortion, such as cleaning services, nursing care, anesthesia, sonography, etc., cannot invoke the right to conscientious objection. Professionals who appeal for this protection are required to refer the patient to another professional without delay. Also, they cannot deny patients post-abortion care or abortion services when the life or health of

102. Law No. 27610 art. 5, Jan. 15, 2021, 34.562 B.O. 3 (Arg.).

103. Law No. 27610 art. 6, Jan. 15, 2021, 34.562 B.O. 3 (Arg.).

104. Cecilia Marcela Hopp, *El Nuevo Artículo 86 del Código Penal: Del Aborto Como Ilícito a la IVE Como Derecho*, RUBINZAL CULZONI (Mar. 26, 2021), https://www.researchgate.net/publication/350411290_El_nuevo_articulo_86_del_Codigo_Penal_Del_aborto_como_ilicito_a_la_IVE_como_derecho.

105. Law No. 27610 art. 2, Jan. 15, 2021, 34.562 B.O. 3 (Arg.).

106. Law No. 27610, art. 10, Jan. 15, 2021, 34.562 B.O. 3 (Arg.).

107. Agustina Ramón Michel et al., *Objeción de conciencia en la Ley sobre Interrupción del Embarazo de Argentina*, 15 SERIE DOCUMENTOS REDAAS 1 (2021).

the pregnant person is in danger. Finally, unlike in Uruguay and Chile, there is no protection for institutional conscientious objection. In cases where all personnel in a particular facility invoke conscientious objection, the healthcare institution must put referral mechanisms in place, assuming all the associated costs.¹⁰⁸

The Criminal Code was also modified by the new abortion law. As a result, abortion is not a crime when it is performed within the time limits and grounds provided by the law. It is penalized when performed without consent of the pregnant person and, after the fourteenth week of pregnancy, if the stipulated grounds are not observed. A new article establishes prison time for public officials, healthcare institution authorities, healthcare professionals, or personnel who “unduly delay, hinder, or deny, in violation of current regulations, the practice of abortion in legally authorized cases.”¹⁰⁹

Social mobilization for the legalization of abortion in Argentina ignited what is now known as the “Green Tide,” a contagious and vigorous movement for abortion rights that has moved across national borders. The terms under which abortion was legalized are also relevant and were successfully shaped by the movement. Medical professionals and institutions are not positioned as gatekeepers but rather as aides in abortion access. They are required to provide cost-free care within ten days and guarantee privacy, confidentiality, autonomy, access to information, and quality care for patients. Also, comprehensive medical care is settled as a right and not as an obligation or condition for legality. Individual conscientious objection is recognized, but with several limitations. Despite all this, abortion by decision of the pregnant person was not removed from the Criminal code.

After legalization, the Campaign redirected its efforts to advocate for policy implementation and respond to a variety of conservative attacks. In 2021, a member of the *Red de Profesionales por el Derecho a Decidir* [Network of Healthcare Professionals for the Right to Choose], Miranda Ruiz, was arrested for allegedly causing an abortion without consent.¹¹⁰ The case against Miranda Ruiz was ultimately dismissed, but she had to go through criminal proceedings for an entire year.¹¹¹ In addition to

108. Law No. 27610, art. 11, Jan. 15, 2021, 34.562 B.O. 3 (Arg.).

109. CÓDIGO PENAL [CÓD. PEN.] [CRIMINAL CODE] art. 85 bis (Arg.).

110. Natalie Alcoba, ‘It’s Crazy’: The Doctor Who Faces Jail in Argentina for Giving a Legal Abortion, THE GUARDIAN (Apr. 19, 2022), <https://www.theguardian.com/global-development/2022/apr/19/doctor-faces-jail-in-argentina-legal-abortion-miranda-ruiz>.

111. *Sobresayeron a la médica Miranda Ruiz*, Página 12 (Sept. 24, 2022), <https://www.pagina12.com.ar/484359-miranda-ruiz-sobreseida>.

participating in Miranda Ruiz's defense, feminist and human rights organizations also monitor challenges the law has received in courts, though none of these have prospered so far.¹¹² Civil society organizations continue to monitor policy implementation to demand and strengthen access.¹¹³

III. FEMINIST NETWORKS FOR SAFE ABORTION

In parallel with efforts to legalize abortion, movements in Argentina, Chile, and Uruguay have been working at the margins of the law to support safe access to abortion with medications. To fully grasp the relevance of these political strategies, it is essential to understand why medication abortion has "the potential to change everything for the better for women who need an abortion."¹¹⁴

In the 1990s, scholars began documenting Brazilian women's use of the pharmaceutical misoprostol to terminate pregnancies.¹¹⁵ This drug, a prostaglandin originally formulated to treat gastric ulcers, has side effects of uterine contractions and miscarriage. Simply put, poor Brazilian women discovered how to use these side effects to their own advantage, and this knowledge was disseminated by word of mouth until public health researchers started to investigate the matter. It took years of research and experimentation by women themselves before the World Health Organization (WHO) recognized that misoprostol in combination with mifepristone was an effective, safe, and convenient method to induce medication abortion and thus, included it on its complementary Essential Medicines List in 2005.¹¹⁶ Since then, successive editions of the WHO Essential Medicines List and WHO Guidelines for Abortion Care have included regimes of misoprostol plus mifepristone, and misoprostol alone,

112. See AMNISTÍA INTERNACIONAL, LA LEY 27610 DE INTERRUPCIÓN VOLUNTARIA DEL EMBARAZO. EL LITIGIO COMO HERRAMIENTA PARA DEFENDER Y FORTALECER SU IMPLEMENTACIÓN. ANÁLISIS A UN AÑO DE SU VIGENCIA (2021).

113. *Proyecto Mirar*, <https://proyectomirar.org.ar/> (last visited Jan. 25, 2023).

114. Marge Berer & Lesley Hoggart, *Medical Abortion Pills Have the Potential to Change Everything About Abortion*, 97 CONTRACEPTION 79, 79 (2018).

115. See Margareth Arilha & Regina Maria Barbosa, *Cytotec in Brazil: 'At least it doesn't kill,'* 1 REPRODUCTIVE HEALTH MATTERS 41 (1993); see also Sarah H. Costa & M. P. Vessey, *Misoprostol and Illegal Abortion in Rio de Janeiro, Brazil*, 341(8855) THE LANCET 1258 (1993); Helena Lutésia Coêlho et al., *Misoprostol: The Experience of Women in Fortaleza, Brazil*, 49 CONTRACEPTION 101 (1994).

116. World Health Organization, *The Selection and Use of Essential Medicines*. REPORT OF THE WHO EXPERT COMMITTEE (2005); see also Katrina Perehudoff et al., *Realising the Right to Sexual and Reproductive Health: Access to Essential Medicines for Medical Abortion as a Core Obligation*, 18 BMC INT'L HEALTH & HUM. RTS. 1 (2018).

to induce medication abortion. Additionally, a growing body of evidence demonstrates the effectiveness and safety of self-managed abortion with activist support outside the clinical setting.¹¹⁷

Thereby, misoprostol began to live a “double life.”¹¹⁸ On the one hand, it is an essential medicine recommended for treating gastric ulcers that also has obstetric uses such as cervical ripening and labor induction, termination of pregnancy, and prevention or treatment of postpartum hemorrhage. On the other hand, outside legal medical practice, misoprostol (alone or in combination with mifepristone) is increasingly used as a safe and dependable method to self-induce abortion. Most importantly, in restrictive legal contexts, misoprostol is replacing other dangerous methods and making abortion safer than it used to be.¹¹⁹

Since the late 1990s, NGOs and political organizations advocating for reproductive rights in restrictive legal contexts developed different strategies to facilitate access to misoprostol and educate women about its safe use to induce abortion.¹²⁰ In June 2008, with support from the Dutch organization Women on Waves, Ecuadorian activists launched the first Latin American hotline offering information about how to safely terminate a pregnancy using misoprostol.¹²¹ Abortion information hotlines rapidly spread in other Latin American countries, adapting their strategies to new local contexts.¹²² A few years later, another political strategy for medication abortion support emerged: abortion accompaniment. In the early 2010s, feminist groups began to offer reliable information and counseling throughout the entire process, as well as person-centered support for those who decide to terminate pregnancies with medications. Either with in-person meetings, telephone conversations, or internet-based messaging platforms, these activists are building a new holistic model of feminist and community-based abortion care. In 2018, twenty-one groups of abortion

117. See Heidi Moseson et al., *Effectiveness of Self-Managed Medication Abortion with Accompaniment Support in Argentina and Nigeria (SAFE): A Prospective, Observational Cohort Study and Non-Inferiority Analysis with Historical Controls*, 10 *THE LANCET GLOB. HEALTH* E105 (2021); Heidi Moseson et al., *Effectiveness of Self-Managed Medication Abortion Between 13 and 24 Weeks Gestation: A Retrospective Review of Case Records from Accompaniment Groups in Argentina, Chile, and Ecuador*, 102 *CONTRACEPTION* 91 (2020).

118. Silvia De Zordo, *The Biomedicalisation of Illegal Abortion: The Double Life of Misoprostol in Brazil*, 23 *HIST., CIÊNCIAS, SAÚDE - MANGUINHOS* 19, 20 (2016); Mariana Prandini Assis & Joanna N. Erdman, *In the Name of Public Health: Misoprostol and the New Criminalization of Abortion in Brazil*, 8 *J. OF L. & THE BIOSCIS.* 1, 4 (2021).

119. SINGH ET AL., *supra* note 3.

120. Naomi Braine & Marissa Velarde, *Self Managed Abortion: Strategies for Support by a Global Feminist Movement*, 9 *WOMEN'S REPROD. HEALTH* 183 (2022).

121. See Drovetta, *supra* note 15.

122. *Id.*

accompaniment from fifteen different countries came together to launch the *Red Feminista Latinoamericana y Caribeña de Acompañantes de Aborto* [Latin American and Caribbean Feminist Network of Abortion Accompaniment].¹²³

These feminist and community-based health practices were built in response to the criminalization of abortion and failures by national governments to care for the health and life of women, trans men, and nonbinary people in need of safe abortions. According to Mariana Prandini Assis and Joanna N. Erdman, in addition to providing essential health services that are otherwise unavailable or inaccessible, this activism challenges the “medico-legal paradigm,” according to which abortion safety can only be secured by legal and medical control of provision and access.¹²⁴ In response, these organizations advocate for the total decriminalization of abortion and have been vocal participants in public debates on abortion reform. They also question the clinical setting as the only place where safe and legal abortion can take place, as well as the paternalistic role that laws usually assign to healthcare professionals. Instead, they advocate for a model of care that is free of stigma, person-centered, and horizontal in order to look after both physical and emotional well-being.¹²⁵ Their activism has contributed to reshaping public discussions around abortion policy and law.

Publications by Lucía Berro Pizarossa, Rishita Nandagiri and Patty Skuster, point out that laws and regulations around abortion, even when they bring about liberalization, often establish models of medicalization and criminalization that create vulnerabilities and legal risks for these groups and the people they assist.¹²⁶ Also, Mariana Prandini Assis and Joanna N. Erdman stated that regulations that establish misoprostol (and mifepristone) as highly controlled drugs can be considered a new form of abortion criminalization and do not benefit public health.¹²⁷ Therefore, rather than

123. See RED FEMINISTA LATINOAMERICANA Y CARIBEÑA DE ACOMPAÑANTES DE ABORTO, <https://redcompafeminista.org> (last visited Jan. 25, 2023).

124. Mariana Prandini Assis & Joanna N. Erdman, *Abortion Rights Beyond the Medico-Legal Paradigm*, 17 GLOB. PUB. HEALTH 2235, 2236 (2021).

125. See Suzanne Veldhuis et al., ‘Becoming the Woman She Wishes You to Be’: A Qualitative Study Exploring the Experiences of Medication Abortion Acompañantes in Three Regions in Mexico, 106 CONTRACEPTION 39, 43 (2022); Chiara Bercu et al., *In-Person Later Abortion Accompaniment: A Feminist Collective-Facilitated Self-Care Practice in Latin America*, 29 SEXUAL AND REPROD. HEALTH MATTERS 121, 132 (2022).

126. Lucía Berro Pizarossa & Rishita Nandagiri, *Self-Managed Abortion: A Constellation of Actors, a Cacophony of Laws?* 29 SEXUAL AND REPROD. HEALTH MATTERS 23, 26 (2021); Lucía Berro Pizarossa & Patty Skuster, *Toward Human Rights and Evidence-Based Legal Frameworks for (Self-Managed) Abortion: A Review of the Last Decade of Legal Reform*, 23 HEALTH AND HUM. RTS. 199, 208 (2021).

127. See Prandini Assis & Erdman, *supra* note 124.

outlawing these feminist initiatives and restricting access to essential medications, states should move forward to recognize the role of these activists as public health agents and harness the potential for collaboration.

III. A. Uruguay: Feminist Organizations Confront the Shortcomings of the Law

Since early 2000, medication abortion was central to the risk and harm reduction strategy that preceded the legalization of abortion in Uruguay. At the time, misoprostol was gaining ground against other (often unsafe) methods to terminate pregnancies through word of mouth, information shared by feminist organizations, and health professionals' practices of harm reduction.¹²⁸

After legalization in 2012, all official technical guidelines established medication abortion as the preferred method for the termination of pregnancy. This decision was based on broad scientific evidence regarding the safety and efficacy of medication abortion, medical professionals' experience with the method built when risk and harm reduction policies were in force, and the lack of healthcare infrastructure to provide other methods.¹²⁹ In fact, reports on implementation of the law conducted by civil society organizations show that reliance on medication abortion resulted in a lack of provision of other methods, such as manual vacuum aspiration.¹³⁰

Uruguay was the first country in the Southern Cone to authorize misoprostol and a combined medication pack containing mifepristone and misoprostol to terminate pregnancies.¹³¹ In fact, these medications were swiftly included by the Ministry of Health in the country's essential medicines list following the legalization of abortion.¹³² These medications are provided free of cost both by public health services and private medical insurance.¹³³ In parallel to its consolidation as the preferred method for

128. SUSANA ROSTAGNOL, *ABORTO VOLUNTARIO Y RELACIONES DE GÉNERO: POLÍTICAS DEL CUERPO Y DE LA REPRODUCCIÓN* (2014).

129. See Verónica Fiol et al., *The Role of Medical Abortion in the Implementation of the Law on Voluntary Termination of Pregnancy in Uruguay*, 134 INT'L J. OF GYNECOLOGY AND OBSTETRICS S12 (2016).

130. MUJER Y SALUD EN URUGUAY, *SERVICIOS LEGALES DE ABORTO EN URUGUAY. LOGROS Y DESAFÍOS DE SU FUNCIONAMIENTO* (2018).

131. CONSORCIO LATINOAMERICANO CONTRA EL ABORTO INSEGURO [CLACAI], *MIFEPRISTONA Y MISOPROSTOL EN SEIS PAÍSES DE AMÉRICA LATINA: PROCESOS DE REGISTRO Y DISPONIBILIDAD* (2017).

132. Ordinance No. 73/013, *Modificación al Formulario Terapéutico de Medicamentos con la incorporación de Fármacos Ginecológicos* [Modification to the Therapeutic Formulary of Medicines Adding Gynecological Pharmaceuticals] (2013) (Uru.).

133. CLACAI, *supra* note 131.

legal abortion, both misoprostol and mifepristone became highly controlled drugs. These medications are only accessible through pharmacies in healthcare institutions, a prescription is required for access, and the prescription is always withheld by the pharmacy for greater oversight on the drugs' circulation.¹³⁴

This situation resulted in the creation of illegal markets and it associated medication abortion with drug-related offenses.¹³⁵ Indeed, Lucía Berro Pizarrossa and Patty Skuster point out that regulations now impede dependable access to medications in the formal market and hinder safe abortion with medications outside the processes set by the law.¹³⁶ The risk and harm reduction strategies that were crucial in the process that paved the way to legalization are hardly ever in place.¹³⁷ Consequently, abortion seekers have to resort to clandestine and potentially unsafe providers of the medications when their situations fall outside the provisions of the law (e.g., because they are migrants with less than a year of residence in Uruguay, or because they could not access care before the time limit was reached).¹³⁸

The feminist organization *Mujeres en el Horno* was launched in 2014, when abortion was already legalized in Uruguay, as a response to the shortcomings of abortion laws and policies. The phrase “*en el horno*” literally means to be “in the oven.” In the vernacular language of the region, it is usually used when someone is stuck in a very difficult and overwhelming situation in which there are no alternatives. The organization promotes sexual and reproductive rights and, from 2014 to 2020, maintained the *Línea Aborto Información Segura* [Safe Information Abortion Hotline]. Both by phone and email, they provided information about legal abortion services and safe abortion with medication before, during, and after the procedure. In an extensive report on their work, they acknowledge the importance of legalized abortion and value the provision of services in the health system.¹³⁹ At the same time, they criticize the

134. *Id.* See also Berro Pizarrossa & Skuster, *supra* note 126.

135. *Las pastillas del abuelo. Operación Pharma II: Procesaron a otras tres personas por la venta de misoprostol*, MONTEVIDEO PORTAL (Oct. 13, 2017), <https://www.montevideo.com.uy/Noticias/Operacion-Pharma-II-procesaron-a-otras-tres-personas-por-la-venta-de-misoprostol-uc664128>.

136. Berro Pizarrossa & Skuster, *supra* note 126, at 200.

137. MUJER Y SALUD EN URUGUAY, ABORTO EN CIFRAS. DATOS DE URUGUAY AL 2021 (2021), https://issuu.com/mujerysaludenuruguay/docs/aborto_en_cifras_-_mysu_09-21.

138. Fernanda Kosak, *El mal que no terminó con despenalizar*, EL PAÍS (Mar. 11, 2018), <https://www.elpais.com.uy/que-pasa/mal-termino-despenalizar.html>.

139. COLECTIVA FEMINISTA MUJERES EN EL HORNO, EXPERIENCIA FEMINISTA DE ACOMPAÑAMIENTO DE ABORTO EN URUGUAY. INFORME Y ANÁLISIS DE LA ATENCIÓN EN LA LÍNEA ABORTO INFORMACIÓN SEGURA 2015-2020 (2021).

constraints and outright medicalization of abortion. Specifically, they show how strict time limits, arduous routes to access, conscientious objection, and provisions that hinder access for migrant women are important shortcomings of the legislation. Also, based in the systematization of their work, they identify other barriers such as a lack of services throughout the national territory, delays in access to care, mistreatment, and violence during the process.

The end of 2020 marks the emergence of *Las Lilas—Red de Acompañamiento Feminista en Aborto de Uruguay* [The Purple Women—Network of Feminist Accompaniment of Abortion in Uruguay]. The organization was launched as a political response in challenging and difficult times. First, incoming right-leaning and self-proclaimed “pro-life” President Luis Lacalle Pou put the movement on alert. And in addition, the COVID-19 pandemic created specific challenges to accessing sexual and reproductive health services in Uruguay.¹⁴⁰

In that complex scenario, Las Lilas started providing information and support to access safe and accompanied abortions. There are Las Lilas groups in different parts of the country, and they can be reached by phone, email, and social media. To promote the effective exercise of rights protected by the law, Las Lilas share information about the route to access legal abortion, available health services, and how to deal with possible problems. They also offer information on safe abortion with medications and sexual and reproductive rights in general. Las Lilas advocate for the healthcare system’s full compliance with the abortion law and report diverse non-compliance situations, such as a non-implementation of the risk and harm reduction strategy that should be in place for women who fall outside the protection of the law.¹⁴¹ They have also intervened in grave cases such as the death of a fourteen-year-old girl after seeking abortion care in the healthcare system in 2021.¹⁴²

Autonomous feminist organizations like *Mujeres en la Horno* and *Las Lilas* are confronting the obstacles created by the shortcomings of law and policy. They contribute to full implementation of the abortion law by

140. Leonel Briozzo et al., *Análisis del impacto de la pandemia COVID-19 sobre la calidad de los servicios de salud sexual y reproductiva*, 36(4) REVISTA MÉDICA DEL URUGUAY 436 (2020).

141. LAS LILAS – RED DE ACOMPAÑAMIENTO FEMINISTA EN ABORTO & MUJER Y SALUD EN URUGUAY, *ACOMPANAR ABORTOS COMO PRÁCTICA POLÍTICA* (Sept. 2, 2022), <https://clacai.org/iniciativas-2021/acompanar-abortos-como-practica-politica>.

142. LAS LILAS – RED DE ACOMPAÑAMIENTO FEMINISTA EN ABORTO & MUJER Y SALUD EN URUGUAY, *DOCUMENTACIÓN SOBRE CASO DE FALLECIMIENTO DE ADOLESCENTE DE 14 AÑOS EN URUGUAY EN MARCO DE PROCESO DE ABORTO LEGAL 5* (2021), <http://clacaidigital.info/handle/123456789/1409>.

demanding effective compliance with abortion policies and acting as intermediaries between users and the healthcare system. At the same time, they share information and create structures of collective support for those who encounter obstacles that make access impossible or who fall outside the provisions of the law.

III. B. Chile: Navigating Legal Restrictions to Expand Access

Beginning in the early 2000s, and during the total abortion ban, illegal pregnancy termination practices began to change due to the dissemination of knowledge about how to use misoprostol.¹⁴³ Use and circulation of this drug was and remains highly restricted by the Institute of Public Health, which authorizes, regulates, and controls pharmaceutical products in Chile.¹⁴⁴ At that time, misoprostol was only registered for treatment of gastric ulcers, and licenses to manufacture and sell it for gynecological uses were time and again refused.¹⁴⁵ Restrictions on its commercialization were also put in place and, as of 2009, the drug is no longer available at commercial pharmacies.¹⁴⁶ After legalization on three grounds, misoprostol and mifepristone were formally authorized for gynecological use.¹⁴⁷ But these medications remain highly controlled and can only be legally obtained through medical institutions or authorized private institutions, under strict protocols and with medical supervision. As in Uruguay, this has resulted in the creation of illegal markets for the pills, sometimes connected with drug dealers and traffickers. Prices, then, are not controlled in any way, and the authenticity and quality of the drug is not guaranteed. Users can still securely access the medication through feminist and women's organizations such as Women Help Women, who sends the medication by mail.¹⁴⁸

143. Lidia Casas & Lieta Vivaldi, *Abortion in Chile: The Practice Under a Restrictive Regime*, 22 REPROD. HEALTH MATTERS 70, 73 (2014).

144. CÓDIGO SANITARIO [CÓD. SANIT.] [HEALTH CODE] art. 96 (Chile).

145. Eduardo Chia, *Aborto farmacológico y libertad de información en Chile*, in EL ABORTO EN AMÉRICA LATINA. ESTRATEGIAS JURÍDICAS PARA LUCHAR POR SU LEGALIZACIÓN Y ENFRENTAR LAS RESISTENCIAS CONSERVADORAS 271, 277 (Paola Bergallo, Isabel Cristina Jaramillo Sierra & Juan Marco Vaggione eds., 2018).

146. Irma Palma Manríquez et al., *Experience of Clandestine Use of Medical Abortion Among University Students in Chile: A Qualitative Study*, 97 CONTRACEPTION 100, 102-03 (2018).

147. Asociación Chilena de Protección de la Familia (APROFA), *APROFA logra registro de Mifepristona y Misoprostol, un avance en derechos en nuestro país*, CHILE APROFA TU DECISIÓN, TU LIBERTAD (Nov. 20, 2019), <https://www.aprofa.cl/2019/11/20/aprofa-logra-registro-de-mifepristona-y-misoprostol-un-avance-en-derechos-en-nuestro-pais/>.

148. Sara Larrea et al., *'No One Should Be Alone Living This Process': Trajectories, Experiences and User's Perceptions About Quality of Abortion Care in a Telehealth Service in Chile*, 29 SEXUAL AND REPROD. HEALTH MATTERS 213, 214 (2021).

In 2009, the group *Feministas Bío Bío* [Bío Bío Feminists], from the city of Concepción, launched the first hotline offering information about safe medication abortion in Chile. Shortly after, *Línea Aborto Chile* [Chile Abortion Hotline] passed into the hands of another organization called *Lesbianas y Feministas por el Derecho a la Información* [Lesbians and Feminists for the Right to Information]. They began to launch hotlines in different cities, and in 2012, published the book *Línea Aborto Chile: El Manual* [*Chile Abortion Hotline: The Handbook*], which was available both in hardcopy and to download for free from the Internet.¹⁴⁹ The book contains information about the Chilean legal framework, instructions for safe use of misoprostol to terminate pregnancy, and users' testimonials. Later, due to political divisions, the *Línea Aborto Libre* [Free Abortion Hotline] was launched.¹⁵⁰ Besides maintaining the hotlines and publishing information in different formats, these organizations held in-person workshops to further disseminate advice on medication abortion.

In general terms, these early organizations had “no political affiliation beyond feminist activism and [did] not lobby for legislative reform because they reject any dialogue with the State or government representatives.”¹⁵¹ Even so, they considered their practice to be protected by the right to information codified in the Chilean Constitution and rooted in international human rights law.¹⁵² Organization protocols state that they only share publicly available information from dependable sources like the World Health Organization to persons of legal age.¹⁵³ No information on how to get the medication or help to acquire it was provided.¹⁵⁴

Another abortion access initiative was launched in 2016 by lesbian feminist activists who were part of the hotline. In addition to providing information about safe medication abortion, the new political organization *Con las Amigas y en la Casa* [With Friends and at Home] began to offer accompaniment and support during the entire process. Activists meet in-person with people seeking abortion and offer support that acknowledges their needs and respects their autonomy. This initiative seeks to center feminist care and solidarity among women while also affirming self-

149. LESBIANAS Y FEMINISTAS POR EL DERECHO A LA INFORMACIÓN, *LÍNEA ABORTO CHILE: EL MANUAL ¿CÓMO LAS MUJERES PUEDEN HACERSE UN ABORTO CON PASTILLAS?* (1st ed. 2012).

150. Cecilia del Carmen Loaiza Cárdenas, *Estrategias de amor e información entre mujeres: La línea aborto libre. Una propuesta de investigación feminista* 1, 4 (Jan. 7, 2016) (B.A. thesis, Universidad de Chile) (on file with Universidad de Chile).

151. Casas & Vivaldi, *supra* note 143, at 75.

152. Chia, *supra* note 145.

153. Lieta Vivaldi & Benjamín Varas, *Agencia y resistencia feminista en la prohibición del aborto en Chile*, 1(1) *DERECHO Y CRÍTICA SOCIAL* 139, 156 (2015).

154. *Id.*

managed abortion outside of medical institutions and without medical supervision as safe and effective.¹⁵⁵ It is important to add that their lesbian feminist approach to abortion is fundamental to these political experiences. Organizations present their work as a practice of “love between women” and call for people to “abort heterosexuality,” arguing that being lesbian and aborting are both forms of resistance to patriarchal and heterosexist norms.

These organizations are also working to normalize abortion as an everyday and self-affirming practice. In fighting against abortion stigma, they create the conditions for a more honest and better-informed public debate. However, this emphasis on social and cultural change should not be interpreted as a flat rejection of institutional and legal change. Instead, this is a political stance that reminds us that effective legal and policy change must be built and sustained “from the bottom up.”

In that vein, after legalization of abortion on three grounds in 2017, With Friends and at Home launched the project *Observadoras de la Ley de Aborto* [Abortion Law Watchers].¹⁵⁶ Although they continue to work as *acompañantes* regardless of legal restrictions, they also believe in their role as activists to achieve full implementation of the law. That is why, through this new project, they offer accompaniment for women seeking legal abortion, monitor abortion services within the formal healthcare system, and promote alliances with healthcare professionals. This new dimension of their activism has allowed them to better understand barriers to accessing legal abortion services. In fact, they began to see why women and girls that may be protected by the law many times prefer to self-manage their abortion outside the medical system due to confidentiality issues or concerns about violence and ease of access, among others.

Indeed, these organizations are developing a new stage of political incidence through dialogue with state institutions. In the last few years, they have been participating in political processes seeking to achieve legal change. From the activists’ point of view: “Legal abortion is not and never will be our political ceiling, though it is a minimum [degree] of dignity for which we are going to work until we reach it.”¹⁵⁷ To that end, in 2021, activists participated in the legislative debate on the decriminalization of

155. See Lieta Vivaldi & Valentina Stutzin, *Exploring Alternative Meanings of a Feminist and Safe Abortion in Chile*, in *ABORTION AND DEMOCRACY: CONTENTIOUS BODY POLITICS IN ARGENTINA, CHILE, AND URUGUAY* 226 (Barbara Sutton & Nayla Luz Vacarezza eds., 2021).

156. See OBSERVADORAS DE LA LEY DE ABORTO, <https://olachile.org/> (last visited Jan. 25, 2023).

157. Comité Editorial Gaceta OLA, *Presentación*, GACETA (Chile), Sept. 28, 2021, at 3 (author’s translation).

abortion until the fourteenth week of pregnancy, although the project was ultimately rejected.¹⁵⁸ Also, during the unaccomplished process of constitutional reform, they were active participants in the Permanent Assembly for the Legalization of Abortion.

In Chile, feminist organizations are doing much more than facilitating access to safe abortion outside the medical system. Their role of sharing knowledge and providing support was, of course, crucial during the total abortion ban and still is, given that the law only authorizes abortion in extreme situations and under strict procedures. Also, they work to change cultural meanings and representations around abortion and to bolster an honest public debate on the subject. Furthermore, they continue to push for full implementation of the law by monitoring services and working closely with healthcare professionals. More recently, they became a relevant actor in the efforts to fully legalize abortion. As such, their contributions are not restricted to what happens outside of the law or state institutions. On the contrary, their activism is reshaping public discussions around abortion policy and legislation.

III. C. Argentina: Synergies Between the Formal Healthcare System and Feminist Organizations

During the 2000s, Argentina saw a particular interaction between medical, activist, and popular practices around abortion with misoprostol.¹⁵⁹ At the time, healthcare professionals were beginning to learn about misoprostol from their patients and recreated the Uruguayan public health strategies of risk and harm reduction. Feminist activists also learned about misoprostol in their own transnational networks, through connections with healthcare professionals, and from other women. Crosslinks between actors contributing to safe abortion access inside and outside the formal healthcare system restructured the political scenario of abortion politics in Argentina.

Although a prescription was formally required and misoprostol was not authorized for gynecological use, it was fairly easy to buy a formulation containing a combination of misoprostol and diclofenac authorized for rheumatoid arthritis in retail pharmacies.¹⁶⁰ Only in 2010 did the National Administration of Medications, Food and Medical Products authorize

158. Fabian Cambero, *Chile Lawmakers Knock Down Bill to Ease Abortion rules*, REUTERS (Nov. 30, 2021), <https://www.reuters.com/world/americas/chile-lawmakers-knock-down-bill-ease-abortion-rules-2021-11-30/>.

159. Sandra Salomé Fernández Vázquez & Lucila Szwarc, *Aborto medicamentoso. Transferencias militantes y transnacionalización de saberes en Argentina y América Latina*, 12(12) REVIISE - REVISTA DE CIENCIAS SOCIALES Y HUMANAS 163, 174 (2018).

160. CLACAI, *supra* note 131.

misoprostol for gynecological use.¹⁶¹ However, pills containing misoprostol alone were only available in healthcare settings.¹⁶² In 2018, another misoprostol-only product was registered both for institutional use and commercial sale.¹⁶³ After legalization, mifepristone became available in clinical settings thanks to registration waivers and was formally registered in March 2023.¹⁶⁴

Before legalization, the first abortion hotline was launched in 2009 by the organization *Lesbianas y Feministas por la Descriminalización del Aborto* [Lesbians and Feminists for Abortion Decriminalization]. The hotline was called *Aborto: Más Información, Menos Riesgos* [Abortion: More Information, Less Risks] and was inspired by the pioneering experience of the first Latin American hotline, launched the year before in Ecuador. This activism for access to safe abortion outside the healthcare system produced a substantive transformation in abortion politics in Argentina at least in three ways. First, it further expanded the movement's political goals, which until that time has focused almost entirely on legal change. Second, drawing on the history of LGBTQ+ struggles for healthcare, activists became lay experts on abortion and promoted a community-based model in which abortion safety does not depend on medical practitioners or clinical settings.¹⁶⁵ Third, they created an original lesbian perspective that aimed to take abortion “out of the closet” using LGBTQ+ visibility and pride politics to challenge the stigma surrounding abortion.¹⁶⁶

As was the case in Chile, Lesbians and Feminists' legal strategy was centered on the right to information. Also, with slogans such as “Women have already decided that abortion is legal,” they argued that criminalizing abortion did not stop people from having abortions but merely created health and legal risks for them. The slogan is also a testimony to their efforts to legitimize abortion and women's decisions. For these activists,

161. JASON BOWER ET AL., MARKET ASSESSMENT FOR MEDICAL ABORTION DRUGS IN ARGENTINA (2021).

162. CLACAI, *supra* note 131.

163. BOWER ET AL., *supra* note 161, at 7.

164. SILVINA RAMOS ET AL., REPORTE TEMÁTICO 2022. CALIDAD: EL DESAFÍO A DOS AÑOS DE LA LEY DE ABORTO 10 (2022). See also *Aborto legal: la ANMAT autorizó la comercialización de mifepristona* PÁGINA 12 (March 8, 2023), <https://www.pagina12.com.ar/529827-aborto-legal-la-anmat-autorizo-la-comercializacion-de-mifepr>.

165. Julia McReynolds-Pérez, *No Doctors Required: Lay Activist Expertise and Pharmaceutical Abortion in Argentina*, 42(2) SIGNS: J. OF WOMEN IN CULTURE AND SOC'Y 349, 366-67 (2017).

166. Ana Mines et al., ‘*El aborto lesbiano que se hace con la mano.*’ *Continuidades y rupturas en la militancia por el derecho al aborto en Argentina (2009-2012)*, 7(9) BAGOAS - ESTUDOS GAYS: GÊNERO E SEXUALIDADES 133 (2013).

speaking out about abortion and normalizing it was key to paving the way for legal change.

In 2010, they published the book *Todo lo que querés saber sobre cómo hacerse un aborto con pastillas* [Everything You Want to Know About How to Self-Induce an Abortion with Pills], which contained complete and detailed information about safe abortion with misoprostol.¹⁶⁷ At the end of 2011, the first edition of ten thousand copies sold out, and the digital version of the book was downloaded for free five hundred thousand times.¹⁶⁸ Due to high demand, the book was updated and re-edited in 2012.¹⁶⁹ Besides disseminating information through the hotline and in different publications, media appearances, and political events, Lesbians and Feminists prepared reports about their work. They responded to an estimated of five thousand calls per year.¹⁷⁰ The hotline was active until June 2018.

A few years after the creation of the abortion hotline, a new political strategy for access to medication abortion emerged within the Campaign for the Right to Legal, Safe, and Free Abortion. Since 2012, *Socorristas en Red (Feministas que Abortamos)* [Network of First Responders (Feminists Who Abort)] offers information and support during the entire abortion process, both in-person and by phone. Socorristas defied existing restrictive legal frameworks through public and direct-action strategies. They never tried to hide their endeavors or work to build an underground abortion service. On the contrary, they have always operated based on an “ethics of risk,” organizing collective in-person meetings as a political strategy to break the silence and isolation imposed by criminalization and cultural stigma.¹⁷¹ Activists are very vocal about what they do, and they also publicly advertise their services through different media and internet outlets, social media, posters, graffiti, and stickers.

By aiding safe abortion access without stigma, Socorristas further contributed to the legitimation of women’s and other pregnant people’s decisions regarding their bodies. They also pushed for broad social change

167. LESBIANAS Y FEMINISTAS POR LA DESCRIMINALIZACIÓN DEL ABORTO, *TODO LO QUE QUERÉS SABER SOBRE CÓMO HACERSE UN ABORTO CON PASTILLAS* (1st ed. 2010).

168. LESBIANAS Y FEMINISTAS POR LA DESCRIMINALIZACIÓN DEL ABORTO, *QUINTO INFORME DE ATENCIÓN DE LA LÍNEA ABORTO: MÁS INFORMACIÓN, MENOS RIESGOS* (2012), <http://clacaidigital.info/handle/123456789/451>.

169. LESBIANAS Y FEMINISTAS POR LA DESCRIMINALIZACIÓN DEL ABORTO, *TODO LO QUE QUERÉS SABER SOBRE CÓMO HACERSE UN ABORTO CON PASTILLAS* (2d ed. 2012).

170. *La “Línea Aborto: Más Información, Menos Riesgos”, Recibe 5.000 llamadas al Año*, TELAM DIGITAL (Oct. 4, 2013, 5:36 PM), <https://www.telam.com.ar/notas/201310/35322-la-linea-aborto->.

171. BELLUCCI, *supra* note 88, at 397, 409.

that necessarily included legal reform, along with a shift in cultural representations, perceptions, and ideas around abortion. As part of the Campaign, they sought to effect legal change and worked for the “social decriminalization of abortion.”¹⁷² From their point of view, abortion must be legitimized and supported “from the bottom up” in order to secure meaningful legal and social change.

Even when Socorristas were working to promote the safety of abortion outside the clinical setting, they always strove to build different kinds of collaborations with the formal healthcare system. From its inception, the organization expressed an “interest in establishing links with healthcare sectors that are friendly to the cause.”¹⁷³ Over the years, activists have made efforts to identify and build alliances with healthcare professionals in favor of legalization, doctors who provided legal abortion and post-abortion services in the healthcare system, professionals willing to prescribe misoprostol, and healthcare professionals who were unable or unwilling to offer care but referred patients to Socorristas as a safe alternative for abortion.¹⁷⁴ That was how, before legalization, they managed to open up possibilities for access to permitted abortions in cases of rape and risk to the life or health of the pregnant person. Also, they managed to build referral and counter-referral networks with healthcare professionals. Namely, professionals referred patients to Socorristas when the professionals could not offer care, and Socorristas also referred women to “friendly” healthcare professionals for abortion and post-abortion care, sonograms, etc.

Another important aspect of Socorristas is their commitment to producing and disseminating systematic knowledge about their activities. Since 2014, they have produced reliable data and annual reports in which they analyze the sociodemographic characteristics of the people they support and demonstrate the effectiveness of their strategy for safe abortion.¹⁷⁵ To give an idea of the scope of their activism, at this point, the Network brings together fifty-six distinct organizations distributed throughout the country. From 2014 to 2021, Socorristas supported 49,995

172. Gutiérrez, *supra* note 27, at 160-61.

173. Florencia Maffeo et al., *Parteras de nuevos feminismos. Socorristas en Red – feministas que abortamos: una forma de activismo corporizado y sororo*, 20 REVISTA VENEZOLANA DE ESTUDIOS DE LA MUJER 217, 218 (2015) (Arg.).

174. See Julia Burton & Guillermina Peralta, *Redes en torno al aborto clandestino: Vínculos de socorristas y sistema de salud en Neuquén, Argentina*, 3 CLIVAJES REVISTA DE CIENCIAS SOCIALES 159, 160 (2016) (Mex.).

175. See Julia Burton, *Prácticas feministas en torno al derecho al aborto en Argentina: Aproximaciones a las acciones colectivas de Socorristas en Red*, 7 REVISTA PUNTO GÉNERO 91, 101 (2017) (Arg.).

medication abortions outside the healthcare system.¹⁷⁶ During the same period, they supported access to 10,547 abortions within the formal healthcare system.¹⁷⁷ These data show the relevance of Socorristas' work as a whole and, particularly, the impact of their work in collaboration with the formal healthcare system.

Since the abortion law came into effect in 2021, Socorristas have continued to offer support in medication abortion outside the medical system. They have also been working to disseminate information about the law, increase cooperation with the healthcare system, and demand full implementation of new abortion policies. Their model of feminist and community-based healthcare grew at the edges of the law and medical authorities, but they managed to influence discussions around legal change and abortion safety.

Although Argentina's abortion legislation does not outlaw abortion outside the clinical setting or abortion accompaniment, Socorristas' activists have recently been arrested under "illegal exercise of medicine" charges.¹⁷⁸ This is very concerning given that their endeavors are a testimony to the relevance of collaboration, synergies, and integration between activist-based and institutional health care to expand access to abortion and empower individuals and communities.¹⁷⁹ In short, Socorristas' work must be defended and held up as an example of the extent to which the work of activists is integral to effecting substantive legal and policy change.

IV. REIMAGINING ABORTION POLITICS: HOW MOVEMENTS SHAPED LEGAL AND POLICY CHANGE

After decades of struggle, movements for abortion rights in Uruguay, Chile, and Argentina finally achieved legal reform. These mobilization processes gave rise to the Green Tide that has shaken the regional political landscape in recent years with significant successes such as abortion

176. SOCORRISTAS EN RED (FEMINISTAS Y TRANSFEMINISTAS QUE ABORTAMOS) DURANTE EL AÑO 2021: *Sistematización de acompañamientos a abortar 9-10* (2022) (Arg.).

177. *Id.*

178. *Villa María: detuvieron a dos integrantes de Socorristas en Red y una médica a pedido del MPF*, PÁGINA 12 (Dec. 23, 2022, 1:30 PM), <https://www.pagina12.com.ar/510473-villa-maria-detuvieron-a-dos-integrantes-de-socorristas-en-r>.

179. See generally Susan Yanow et al., *Self-Managed Abortion: Exploring Synergies Between Institutional Medical Systems and Autonomous Health Movements*, 104 *CONTRACEPTION* 219 (2021); Monica Dragoman et al., *Integrating Self-Managed Medication Abortion with Medical Care*, 108 *CONTRACEPTION* 1 (2022); Marge Berer, *Reconceptualizing Safe Abortion and Abortion Services in the Age of Abortion Pills: A Discussion Paper*, 63 *BEST PRAC. & RSCH. CLINICAL OBSTETRICS & GYNAECOLOGY* 45 (2020).

liberalization in Colombia and Mexico. The color green and the emblematic green kerchiefs also appeared in the streets of the United States after the *Dobbs v. Jackson Women's Health Organization* ruling, as a symbol of transnational resistance and solidarity. The Green Tide, rapidly becoming a hemispheric movement, is a testimony to the power of grassroots organizing in shaping legal change and resisting conservative attacks.

The role of movements in the political processes that led to legal changes in Uruguay, Chile, and Argentina can offer important lessons at a time when abortion policies have become an arena for debate at the global level. First, these movements worked for decades “from the bottom up” to establish abortion as a demand with broad social support. To do so, they built political alliances that went well beyond the limits of the feminist and women’s movement that garnered support both from a wide variety of organized sectors of society and from representatives of different political parties. These movements also developed arguments in favor of legal change that surpassed both the liberal and individualist frameworks of “choice,” as well as the more typically feminist notions of sexual freedom and bodily autonomy. Their work associating abortion with democracy, citizenship, human rights, public health, and social justice was important to gaining societal support and building demand for a law that guaranteed free of cost and effective access to abortion care (in the case of Uruguay and Argentina). Moreover, in their effort to legitimize abortion “from the bottom up,” these movements utilized forms of direct action that facilitated access to safe, stigma-free medication abortion. This “social decriminalization of abortion” is the result of all those efforts and is what gives substance to legal change.

Second, movements reshaped the ways in which we think about care and legal regulation of abortion. These movements maintained a critical position with regards to criminalization and the imposition of requirements for access to abortion. Procedural hurdles are considered forms of guardianship and of control over the autonomy of women and pregnant people in general. They also criticized the overmedicalization of abortion and the paternalistic role the law tends to assign to the healthcare system and medical professionals. In addition to offering critical perspectives regarding regulatory frameworks, these movements drove a transformation of the models of abortion care in which people needing abortions, instead of healthcare professionals, are placed at the center. They demonstrated that neither medical professionals nor the healthcare system is always necessary for an abortion to be safe and effective. They also showed that good quality information, activist support, and dependable access to medication is key to secure abortion safety. Although these activists’ aspirations are not

necessarily reflected in legal reforms, they continue their fight to ensure that laws and care normalize abortion rather than stigmatize against it.

Third, these movements do not consider legal change to be the end point of their struggle. Rather, new laws are considered a basic standard that must be maintained and defended in order to continue moving forward. Following legal reform, movements have a key role in generating awareness about new rights, monitoring implementation, and uplifting people and communities as agents of change. Networks that support abortion access outside the healthcare system are a fundamental part of this new stage. Despite liberalization of abortion laws, evidence shows that pregnant persons still resort to abortions outside medical settings for a variety of reasons, including avoiding procedural hurdles, unnecessary delays, and logistical difficulties or because they are afraid of being mistreated or do not trust in the standards of privacy and confidentiality in medical institutions.¹⁸⁰ For that, the implementation of new legal frameworks can be strengthened by forging cooperative connections between, on the one hand, feminist organizations that promote community healthcare strategies and, on the other, formal medical institutions.

Finally, these movements know very well that both rights and public policy on abortion can be reversed. They also understand that the only way to continue moving toward substantive reproductive freedom and justice is to stay alert and to defend hard-won achievements from conservative attacks.

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180. See Sonia Chemlal & Giuliano Russo, *Why Do They Take the Risk? A Systematic Review of the Qualitative Literature on Informal Sector Abortions in Settings Where Abortion is Legal*, 19 *BMC WOMEN'S HEALTH* 1, 7 (2019).