

**Q: Going back to the question of care and how it's important to what Fondo MARIA does: could you tell us about how you see mutual care or attention to each other's needs between activists, in the case of accompaniment, and maybe also accompaniment to women as a form of care? You talked about knowing how abortion feels and smells and those kinds of things, but can you say more about how you train or prepare each other for that?**

OLU: There's definitely a part of the model of the MARIA Fund that has to do with giving a lot of tools for the abortion doulas before they actually become doulas. Which is something we're also facing right now, because there's a lot of abortion doula models that are happening in Mexico right now. At the beginning we didn't have a structure; it was more about whoever wanted to volunteer and to be there politically with someone who wanted to have an abortion—that was already good enough. People with no experience, whom we hadn't given any training would just come in and do that. And then we started realizing, "We actually need to have more training, we need to have better tools, we need to learn how to listen, how to phrase what we're saying."

There's a lot of silence happening around sexuality, which is something that Balance always tries to break, in terms of giving all of the information to people. Don't give them lies, don't say that contraceptives are 100% effective, don't tell them that they won't have any secondary effects—you need to tell them the full facts: "This is more effective than this one because of this," all of those things.

It's the same with abortion. You need to tell them, "Look, it's going to hurt but it isn't necessarily going to hurt for more than this amount of time. You need to take care of how much you're bleeding. You will bleed but you need to take care that you're not going to bleed out. And you're going to be able to see that, if this and this and this happens."

You just need to give information to people. It happens with abortion and also with adolescence, because that's another thing. People think that because you're an adolescent or because you have a disability, then you won't understand the information and they lie to you instead. For us, it's: "No. Everyone needs to understand. I can explain an abortion to my six-year-old niece and nephew." You need to change the way you explain things, sure. But it's up to you. It's not that the person isn't able to understand, it's that you need to explain yourself better.

Those things have to do with the way that we care about each other, and also with understanding what is our role. The role of an abortion doula is not the same as a physician who's performing a surgical abortion. That's a different set of responsibilities. It's also very important to understand that the caring part has to do a lot with information, understanding the amount of responsibility for you and for the other person. What happens in abortion is that you want to take all of the responsibility away from the woman and charge it on you, but that isn't going to be good, neither for you nor the woman.

That is also about taking care. There's a part that has to do with acknowledging each other's responsibility and taking care of it in a very transparent and collective way. It's not like, "You do your shit and I'll do my shit." It's like, "We're all doing this, but this is the part that I can take and this is the part that you can take."

I think that in general—which of course is something donors don't get—the collective care part we do with abortion doulas is also important. We have sessions that are about understanding these responsibilities, talking through the different cases—there are harder cases, there are easier cases, there are different cases that we need to talk through. There are emotions and responsibilities that you need to have in terms of knowing your own limits, saying, "I cannot deal with abortions that have to do with violence because it triggers me," for example. But that doesn't mean that that a woman who requested an abortion isn't going to get an abortion because that triggers you. It means that you need to pass it on to someone else. It's your individual responsibility to know your limitations, but it's up to the collective to make sure that limitation isn't going to limit someone else's access to abortion.

The same happens when we're working in the US with the National Network of Abortion Funds, when they want to know more about medical abortion. Sometimes the people in the group, half of them want to know more about self-managed abortion—abortion with pills, however you understand it. And somebody else in the group is saying, "No, I think that's against the law." And it's like, "Okay, so you don't do self-managed abortion. But you still keep quiet if someone else wants to know more about it or wants to do it." You do you in terms of your own limitations, but don't put limitations on others because you're afraid or because you personally can't deal with that burden.

I think that there's a lot of risk management in that space. There are a lot of things happening between the personal and the collective, and how we talk about those things and talk it through. We'll take care of the collective and also the individuals.

But also, in feminist collectives, I think that there's this feminist syndrome of seeing something that is unjust and picking a fight against that. But when it happens within the collective we end up fighting with each other, because you feel like someone was unfair to someone. That happens a lot in feminist collectives: you feel like somebody isn't acknowledging the workers' rights of one of them, you point that out, and now there's a feminist policing of what we're doing. It's either a very feminist view of doing it or not. But you don't see that you're also lashing out at another feminist, and somebody else is now going to react to you being unfair to that other one, and it just creates a huge mess.

We are always aware of the needs of the person in front of us, but it's very rare that we think of our own needs. That's why I think it's a feminist syndrome. It's a huge trend right now in the feminist movement: burnout. There's a lot of burnout happening and it's happening because of this compulsion to see only on the outside, this caring part, and not being able to ask for what you need, to acknowledge what your limits are—and when you do that, making sure you're also taking into consideration the collective as part of that ecosystem of care.

**Q: I've been thinking a lot recently about what the future of activism really looks like. You mentioned a couple times when you were speaking that a lot of the women you work with are not breaking the law. You also mentioned that when you're organizing protests that sometimes you have to break things to get people's attention. I was wondering, in your experience with being an observer and participant in activist movements, is breaking the law or pushing the boundaries of the law necessary to make the change that you're looking for?**

OLU: I mean, I am Mexican, so my relationship with law is very different from in the US [laughs]. I have noticed that when I'm with people from the US and I'm like, "I'm just going to steal this" and people are like, "What?! Why?!" Argentinian lawyers have this saying: "Law is not what is written but what is done, and you make law by what you do." I think that has to do with you needing to push the boundaries and you need to push for the things that you think are just. That can be a philosophical discussion on what we feel justice is. When I say justice, I'm pretty sure I'm not thinking the same thing that law students would be thinking justice is.

For femicide, what would justice be? How can we say what the family needs after that woman is killed? Is it justice for that guy to be forever in prison? I mean, he will basically have a roof over his head, crappy food (but still, food). Is that justice? And I'm not saying, "Let's just kill him." I'm saying, "That's not justice for me either." Maybe that family needs something different, and the way we're framing justice right now isn't based on what the victim needs.

In the US for example, it's "the State" versus whoever. Why? The injustice wasn't done to the state; it was done to someone. For justice, we need laws that adjust to each specific person and case and need. But the way laws work right now, is basically one size fits all. Above 18, these are the laws. Below 21, these are the laws. We have these cutoffs that are completely random and based on some ideal that isn't real.

So yes, I think that people need to break the rules. I think that's why, for example, you have conscientious objection, because the law allows you to have free will. Conscientious objection was born out of not doing military service or going into war because that was against your conscience. But now it's done because conscientious doctors will not perform abortions. It's like, "What?"

My conscientious objection would be to give all of the abortions that people need. My conscience will not allow me to *not* give a woman an abortion that she needs, if I know how to do it. Because that's what justice is for me.

**Q: I just want to say thank you for bringing into our discussion this idea of both the person who may be facilitating the abortion, stating her needs and limitations as well as being cognizant of the receiver of the abortion's needs and limitations. Throughout the course we've seen different approaches; I know one of the biggest topics we've talked about in**

terms of abortion was the distribution of Misoprostol pills for self-abortion through calling hotlines. Personally, my own limitations, being alone in that situation and facing it by myself, speaking as someone who has had one, it was hard. And I couldn't imagine doing it alone. So, I just want to know, how does Fondo MARIA work to facilitate those real bonds? And also, caring is something that's very complex and has to happen beyond a phone call or a text. Of course, when it's necessary and that's the only way to give out information and care: yes, do that. But how does your organization go beyond those limitations to really meet the needs of the people it serves?

OLU: I might not be able to share everything, just because this is recorded [laughs]. I won't talk specifically about the MARIA Fund; I'm just going to talk in general about the different access strategies that exist in the region. It's been a process. The first thing to happen with medical abortion was to give information. And since (in the rest of the countries, not the US) we have the human right to express ourselves and we have the human right to receive information. So, that was the way that the helplines started, by using that. It was just, "We are just providing information, we're not saying..." And they were speaking in the third person: "We have heard that some women have used that and found it effective. Women will put four of those pills under their tongue. They will wait for four hours. They will do that another two times, so 12 pills." Using that tone of, "I'm not saying you should do it," was a way that people were protected.

What I've seen in the ten-year evolution of the strategies, it is as you say: but there's a limitation. And the limitation also has to do with how many weeks along the abortion is happening. Maybe in the first ten weeks, receiving that information and handling it on your own might be easier to do than after. What happens is that you will get calls from women who need to have an abortion and they are 15 weeks. And there's a limitation on you, of being able to say no. You will hear their stories, you relate to them, you are doing this because you think this is the just thing to do. It's very hard to say no.

Part of this taking care is the need to have a model and a structure. Structures do provide you safety—sometimes you need to say no to some things—but they also lower anxiety and do other things. But women will push you to move into more weeks, and more weeks require more care. So, the hotlines are still there, but now there's these accompaniment networks—these doula networks, basically—that are there, so they can touch them, they can make a hot tea, they can support them. When it's a longer-term abortion, they will also need support on how to process the tissue afterwards. So, that is part of a whole thing.

But there are limitations still, because you need a structure. It's a flexible structure; always for everything we need a flexible structure, because people with anxiety will try to sink you. That's why when you want to save someone from drowning, you approach them from the back, so they won't drown you together with them. It's the same idea. You need to have that structure because it's about your safety too.

Fondo MARIA is in Mexico City, and we're supporting the rest of the country. So, that part of the thing we cannot do. What we can do is bring them to Mexico City, and in Mexico City we take them to the best doctors, we don't have a gestation limit, the health indication doesn't have limitation in Mexico City, so through the health indication we are able to provide this. I'm not saying that the health indication is great. I'm saying that because we know the system and we know how to navigate the system, then we're able to provide that for others.

**Q: You mentioned this a second ago when you were answering another question, about some of the concerns that, for instance, doctors might have in providing abortions to women. I was just curious about your work with other professionals, lawyers and doctors, who might be involved in creating a law around abortion or providing abortion, but might have reservations on providing it, whether because of concerns about their license being taken away, or just general concerns. And how you encourage people to combine an activist mind with their professional work.**

OLU: We always work on pushing boundaries and people. I think that we just assume that it's part of our task to push a little bit farther. There's a senator who, I love her, I feel like she's my aunt; she's also from the same city that my family is from. But she's very clear on "not beyond 12 weeks." And she shouts at me (she's a senator; I think all congress people are very shouty): "No, Oriana. I'm not going to move forward. Anything that goes beyond 12 weeks, I'm not going to move forward." And I just keep trying.

I would say one thing that's different from the rest of the organization is I'm not going to pursue changing someone's mind over data. I'm not going to throw statistics at her. I'm just going to give her testimonies and have her get to know stories from women, because I know that she's a feminist and I know that she feels empathy and compassion. I'm just going to do the same thing that I said when I said that saying no to women is really hard. It's because you're listening to those stories. So, there's a feelings element that needs to be taken into consideration.

Our best doctor, our number one abortion doctor for our hardest cases, was pro-life. He was pro-life, and he started going to one of these congresses and he was asking questions until, after going to the practice and saying no to women, he was like, "This doesn't make sense. My promise was to take care of women's health, and this is what they need. I'm not going to force them into keeping this pregnancy if they don't want to. And I can train myself to do the best abortion that they can get." And that's what he does, and he's very weird and funny and geeky, but he's also a very compassionate provider.

The repercussions part has to do with improving the laws. No one is bad because they want to be a bad person. They have these limitations out of fear, as I said before. It might be fear for the abortion doula, it might be fear for the abortion provider. So, having a law that supports them in doing this... it depends on what kind of activist you are. Some activists will say, "You're obliged by law to do it like this."

I would say, “You have the support of the law to do this and know that nothing is going to happen to you, and you’re going to be able to be a compassionate provider.” It’s the same law; it’s just how you phrase it. The law can be your backup, or it can push you into doing it. You can use both arguments. The interpretation that actually makes people feel more cared for, I think would be more convincing.

**Q: Last week we talked a lot about stratified reproductive citizenship, and I was wondering how the MARIA Fund works to correct that. Because I know that in Mexico abortion isn’t legal everywhere, and where it is legal not all women have the same access to technology or other resources that would help them to get an abortion. So, I was wondering how the Fund works through those issues.**

OLU: It’s definitely not easy. Last year we were able, after ten years of working in Mexico, we were able to launch radio clips for community radio. We were able to have a memorandum of understanding with a network of community radios, and put the information from the MARIA Fund into seven different languages. So, I would say that was the biggest step that we’ve taken. Basically, what the clip said was, “You can have an abortion in Mexico City and we can pay for that, and we can pay for you *and* someone else who speaks Spanish to come with you, so you can have translation.” Because we also wanted to be realistic about it.

It’s the same with every step that we take into this kind of access that we want to provide. I don’t want to sound like we’re indigenous-friendly if we’re not going to be able to pay for a translator to come. It can’t be, “Oh, just call us.” No, please call us with somebody who can speak Spanish; we’re not going to be able to have 360 languages on our hotline. That’s just not feasible for us, because that is the number of languages that we have in Mexico. So, we were only able to do the radio clips in seven languages. It had to match: both a large amount of people who speak that language in the same area and also had a community radio that we’d be able to put it on the air.

We also do other things. One thing we ask of people whom we support is we give them postcards, because we know there are people who aren’t going to find us through the internet. So, they take postcards and they put them in coffeeshops. We also have audio speakers that we post in bathrooms in public transportation when we’re outside Mexico City. Our first audience is people from outside Mexico City, but also Mexico City is fucking huge. It’s so huge that there’s a part that is rural, and you need to take the highway. So, it’s also about being very aware of that. It’s also about reaching out there. How do we make sure that people from Milpa Alta have the information that the Fondo MARIA can help them?

We also work with the Ministry of Health, so that people who go directly to the Ministry of Health—which are people that are used to using public services in Mexico, which means they’re low-income—we support them there, with very stupid things, for us, that might be, if they

don't have it, they won't get the abortion that they need: toilet paper, a tent, a juice, and cookies. It's infuriating, that you can say no to someone because they don't have these things.

We are aware that we're not reaching out to everyone. We're also working in circles; we're also reaching out to other organizations to know about us. How do we reach out to migrant people? Through organizations that are working with migrants. We're not going to reach out to them directly. We're also doing that kind of dissemination with other human rights organizations.

**Q: Adding on to all of those limitations that you're talking about: I was wondering how the current public health situation is changing the way that your work is functioning in Mexico with COVID-19. You already have a plethora of limitations and you're working with those. How does the current situation add, detract, or change how that looks?**

OLU: The public health system in Mexico City, surprisingly, has prioritized abortion access. There's been very few cuts on abortion clinics. It's fewer numbers than there should be, but out of the 14 hospitals or clinics that perform abortions, ten are open. So, it's a good amount. One of the clinics that historically has always had the biggest number of abortions every day, they've decided to close down the other part of the clinic and they are now a diagnostic center for COVID. But the abortion part is still open and working. So, these things are happening.

What's happening in terms of COVID is that women who were planning to continue their pregnancy decided, with this pandemic and the uncertainty of many things and the economic crisis, to terminate. The number of weeks is larger than expected because they were planning to keep it, but then they were like, "No, no, no way, I cannot." Which means a lot of money is needed to pay for those abortions.

It's more of an economic crisis. Because the other thing that's happening is women are in their homes with people who might not be aware that they're having an abortion or might be against them having an abortion. So, they cannot talk with us. Our intake process takes like one hour. They cannot talk for one hour without the family needing something: children crying, whatever. But also they need to hide, they have to say like, "I need to go to the bathroom," but they cannot take more than ten minutes in the bathroom without someone knocking and saying, "Are you okay?"

So, it's taking longer for us to identify the needs of that woman and her wishes, and being able to process her abortion. We are usually giving as many options as we can to everyone who calls us. Right now, we're just prioritizing differently: who comes and who stays home—who gets information and who gets supported to come to Mexico City. And there's also less traffic coming to Mexico City, less buses. Just delays, which makes it more expensive.