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

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I.

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

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 perfX3 (er)-ga

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

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.

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24. Mario Pecheny et al., *Movilizaciones 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

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.

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 Natio224mRoriamihon ofSctat

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.

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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

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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

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 [CL0.5 d-[.005 TA*.6ey2 -Tj8.52 -0 0 8.5 238.8.52 -0 0 8( )10.7o.(t)13.5 (61 06)

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 professi131.3 (a)-1.6 p04 473.76/s ÓDIO9

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

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- -

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

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 Lutéscia Coêlho et al., *Misoprostol: The Experience of Women in Fortaleza, Brazil*, 49 CONTRACEPTION 101 (1994).

116. World Health Organization,

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 prec.002 Tc - strl - stegt3oieoa.002 -4.6 (ove6 (r)-2.3 (gani)-)-2.3 (t)I.3 (c)-u - y.[(

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

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

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, *E-, (i)17.4 (na)14.4 (T9.9 (x S2, -0.004 1m ( )10.5 (5 (or)-4 (n)-3DC /TT1 e)9.2 Tw 1i)17.4 (*

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

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

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]

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

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

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).