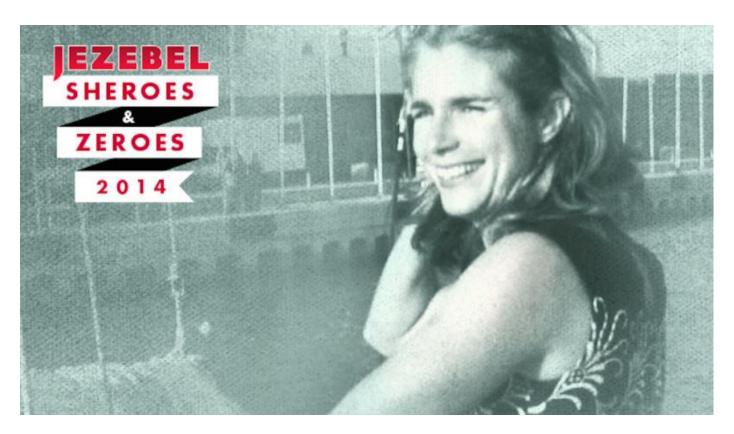


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### Interview: Dr. Rebecca Gomperts, Who Brought Women Abortions By Sea



<u>Jia Tolentino</u> 12/31/14 11:50am



If you read Emily Bazelon's remarkable feature "The Dawn of the Post-Clinic Abortion" in the New York Times Magazine, you'll remember Dr. Rebecca Gomperts, the physician and activist who became internationally famous after sailing an "abortion ship" to countries where abortion

remains illegal, providing (because the ship fell under the jurisdiction of its home country, the Netherlands) the miscarriage-inducing drugs mifepristone and misoprostol to women who were within the first trimester of their pregnancies, and thus circumventing the superficial regulations that contribute to <u>47,000 women</u> dying of unsafe abortion each year.

A new documentary called <u>VESSEL</u> (to be released January 9 at IFC in NYC and January 13 on demand; watch the trailer <u>here</u>) chronicles Gomperts' work through the first years of her <u>Women on Waves</u> campaign as well as its evolution into <u>Women on Web</u>, an organization that provides abortion drugs to women by mail. Gomperts and I spoke on the phone last week.

## Your work has spanned a lot more than the Women on Waves ship, but that's what people mostly know you for, right?

Yes. It was a very high-profile, media-intense campaign. It's the signature.

#### Does it feel strange to have that be your calling card, so to speak?

Of course, our work was and is much bigger than the ship. But all the work I've ever done, that my organization has ever done, has been in response to a need—and if this need can be addressed and represented by a symbol, I'm fine with it.

Symbols and images are very powerful ways to get a message through. The ship is about mythology as well: women taking power over the male domain of the sea. It's about defying laws without breaking them, and how that makes people so upset. The ship and the sea give a physical translation of the world we're working in.

You went to art school at the same time that you were in medical school.

Yeah.

You talk about that in VESSEL as an education that "taught you to go beyond the most immediate possibilities." And I think the ship is a unique example of something that is equally strong as an abstract statement and also a practical means of circumventing harmful laws. What did it feel like to have an idea like this? Did you have a sense of how powerful it would be?

I don't know if it started like that. I was just being trained as an abortion provider, and I was an activist for Greenpeace. It wasn't even my idea, the ship: it was somebody else that brought it up, and it was only possible because of a couple of reasons.

One important one was that my education was free. I didn't have a lot of debt to pay back. I could invest a lot of energy and time doing this work. The ship I thought was an interesting challenge but not necessarily possible. When I started trying for it, people told me that I was crazy, there wasn't a lot of interest. So it wasn't immediately obvious what this idea would become. I just felt like it needed to be done.

Actually, I was writing a book at the time, and when that my book was published, a journalist asked me what was next. I told him what I was thinking about. He called the minister of development in the Netherlands, and said, "There's a woman thinking about doing ship abortions." The next day, there were questions in the Dutch parliament. And that was the moment I realized the potential of it, the knowledge that a ship could actually provide services to women that need it. There wasn't even a ship yet, but the parliament was talking. It was front-page news in the *International Herald Times* before we had ever sailed, and that was because some Maltese newspaper wrote about it and got the archbishop of Malta involved.

The power of ideas is incredible.

### You talk in the documentary about how people can do a lot more once they stop being afraid of backlash.

Yes. The fear of being judged, the fear of failing, it holds people back.

#### I'm interested in how you are able to stand up to this. You grew up in the Netherlands?

Yes, but I was born in Suriname.

#### So your family had an international consciousness.

Yes. And generally, otherwise, I am really a middle class girl.

#### How did you grow up thinking about abortion?

It became legalized in the Netherlands when I was 15. It was illegal before. I have pretty liberal parents, but I remember that with the first boyfriends I had, the fear of pregnancy was always real. Still, as a teenager I had no consciousness of the abortion debate, the struggle to legalize abortion, but I think that's true for a lot of people.

That's what's so interesting about this topic: it's so well-known in a small group of activists, people who are interested in women's rights, but it's a total blank spot for the rest of society. That's what makes the issue so difficult. People don't have a relationship to it unless it happens to them, and the political implications, the social injustice it creates—it's not in the political consciousness.

## Right, it's an issue where the most vocal people in the debate are almost always the ones advocating against.

Yeah. And that's different from environmental issues, where there's a much broader awareness, at least when I was growing up. I think that one of the most important things is bringing abortion back to a wider consciousness.

#### As a standard public health and human rights issue.

Yeah. And that is happening at the moment, in Ireland, for example. I was recently in Ireland and I realized that the level of incorporation of the issue has become <u>much bigger</u> since we first did our campaign there.

### How much of a role do you think the internet has played in this?

I do think the internet is extremely important. But it's so big, it's so complicated, and it's not obvious that you can find the information that you need. When you look for things, you tend to get the things that you already know. So it's a very tricky environment, social media included. It's mostly holding up a mirror.

The internet, the moment you can navigate it well, becomes a very powerful tool, but there's a lot of abuse. People just have to be taught how to navigate, how to check for liability, how to check for sources, how not to take everything that is written on the internet for face value. That's the case for all media.

Right. That's how everyone should operate on the internet, not just women who are trying to obtain a particular type of pill.

How do you see public attitudes towards medical abortion as they are right now? I have to say, I don't know if it's a leftover blind spot from growing up in George W. Bush country, but I didn't know till I read that Emily Bazelon piece how thoroughly the at-home safety of those pills had been proven.

When I compare the media coverage we had in 2008 after the first scientific publications about the safety of the work we were doing at Women on Web to what's happening now—six years later—there's been a sea change. The idea that medical abortion is safe is pretty mainstream. The anti-abortion rights groups still try to scaremonger people about safety, but I don't think that's the biggest question anymore. The biggest question is: how do we get it?

#### The pill is still illegal wherever surgical abortion is illegal.

Yeah. Which is—well, I have a hard time understanding how people who support this see the world. My vision, after all these years, is skewed. I have these emails from women all the time, from all over the world, needing medical care that they can't obtain in their country. That is both my reality check and the thing that makes my perspective so slanted.

One of the first things that struck me about that work was how aggressive the hate was in these countries. Was that difficult for you at first?

I don't know. I think a campaign is often step-by-step, short-term visions. The first step is to get the ship in. The second step, make sure the ship is not kicked out. Third step, make sure women are able to access the ship. You just face the challenges one by one.

## Did you get used to the counter-protest, the people physically agitating against your presence?

I don't know. It has never bothered me.

#### That's awesome.

I don't know if it's awesome. I have never had sleepless nights, I can say that. I don't think everyone in the campaign has either.

To be sure, there are scary moments. You don't know how far people are going to go. But that's not in your mind at the time. It's only after that you say, "Whew."

#### Do you fear for your safety?

No, not in my daily life.

That's really interesting to me. I once interviewed a <u>third-trimester abortion provider</u> in America (one of only four openly working) and it was clear that the history of abortion providers being harassed and killed in America shaped her existence in a big way.

But I live in the Netherlands. It's not like the US, this place where there are so many victims, real victims, women that are going to die, women that are going to prison for obtaining abortions. What's going on in the US is not according to the rule of law, it's not in accordance to any human rights agreements. It's not just from the anti-abortion groups. It's as much as from the state.

# In the New York Times Magazine piece, I thought it was very galvanizing how you were basically like, "Your country can handle it. Handle it."

Sometimes I'm asked what the solution is, and I don't know. But there are *some* ways. What women's groups should do is find the reliable sources for these abortion pills, refer women to the proper places that won't cheat them, order these pills through the mail and find a way to administer them safely. That doesn't cost that much money, but someone has to do it. I don't know why it hasn't happened yet.

If women's groups in the US really want to do things for women now, they have to start doing that. It's not getting better. The laws in the US are getting worse and worse, access is getting worse and worse, you make sure that women have access another way other than clinics. There are ways to get these pills by mail. The reason we don't operate in the US is mainly because we don't want to endanger our work.

#### Can you say more?

Anti-abortion interests have long arms, and we are high-profile. And there really has to be some willingness from the abortion rights groups to do the kind of work we're doing. It's not necessary that women in the US should have to ask this from us.

And really, there are a lot of websites that provide drugs that are mainly serving the US. That's where their income comes from. They do it because people in the US don't have health insurance, they can't afford the medication when they're ill, so their solution is to get it from the generic pharmacies in India. And the more the US tries to shut this down, the more it will hurt a larger issue of public health, which is already failing.

An access to an abortion is not an isolated issue. It's a general issue of inequality in healthcare that is at the bottom of it. People are focusing on the abortion clinics, and the problem there is true. But the basis is that there are a lot of people in the US who cannot afford normal healthcare, and abortion is normal healthcare.

It is necessary that abortion groups in the US address that larger issue.

#### Reframe it like that.

Yes.

One thing that stuck with me in the documentary was how people make this issue personal and about your character and history in a way that seems very, I don't know—condescending. What I mean is, I assume people are always asking you if you've had an abortion, which is beside the point.

In the film you say, "Are you going to ask somebody working for Amnesty International if they've been tortured, no, come on, this is about whether or not women have basic human rights." But then later, you use your story in the most amazing moment.

I do think coming out is very important. I wish all women who had abortions became abortion rights activists, that would be a really good thing—but I think that, during that first interview, it was just not the proper moment to come out, there was more at stake. My work has never been a personal thing. It has been really a response to a need. I am a doctor and I was traveling to countries where I saw women suffering tremendously. That's it. It was never about activism either, to be honest, although of course that's what it is.

The moment where you *do* use your experience is this incredible incident of you appearing on a talk show in Poland and just absolutely destroying this pontificating man. What you say is:

"I really think you should not talk about things that you don't know anything about, ok? I know my situation in the Netherlands; I know what I can do within the law. Considering pregnancy, you're a man; you can walk away when your girlfriend is pregnant. I'm pregnant now and I had an abortion when I was—a long time ago. And I'm very happy that I have the choice to continue my pregnancy how I want, and that I had the chance to end it when I needed to.... you cannot force any women to go through an unwanted pregnancy... it's a humiliation, it's a torture for them. You have never given birth, you don't know what it is to do that, and so you should not talk about this issue."

You shut him down completely. And then 18 months later in filming, you're on screen with your child, saying that you realized it would be useful to put forth a different image of what an abortion rights activist looks like.

What is important all the time is remembering that it's not about me, but rather about an issue that I represent. You can represent an issue in different ways, and people relate to experience and life stories.

At that time, on the talk show, what I was doing was—on the edge. I was telling women how to do an abortion with pills on television. No one had ever done that. And so if I could balance that with something else, saying that I was pregnant—I had an intuition that it was the right time to say it. It is really important with this work that you say the right thing at the right time.

#### The look you give him when he tries to shake your hand afterwards is so funny.

I was so angry, not at him, but because the ship had just been refused from the harbor: we had lost the Portuguese court case the day before. What you're seeing there is one of those rare moments when you are stopped but it gives you more energy.

#### How much is resistance helpful for publicity?

There's no bad press except for your obituary. That's something that other people taught me—but it's something I had to learn myself.

#### Who have your mentors been?

In different moments, I have listened to different people. In terms of the media, it was actually my boyfriend at the time who helped me a lot. And the people around me, my personal environment, has been extremely supportive in every way. I have total community support, and I think anybody working in this field should organize their lives this way. You need it.

#### How many people work for Women on Web now?

About 20, 25, it depends.

And the idea was just, if women can't come to the ship we'll get them the pills directly.

I think your work is so interesting as a continuation of this long history of women passing down the tools to end a pregnancy. I edited a piece this year that taught me a lot about the <a href="history of abortifacients">history of abortifacients</a>, and VESSEL talks how misoprostol's initial use for abortion was a grass-roots situation in Brazil, when women saw the labeling that there was a risk of miscarriage.

Yes. There was a Swedish professor who got a Nobel prize in '82, Sune K. Bergstrom, for his discoveries concerning <u>prostaglandins</u>, of which misoprostol is one. After that, it was known that miscarriage was one of the side effects of the drug, but it wasn't registered for that use. Women read the label, and they started to use it.

With medical abortion, you don't need somebody who understands the anatomy of the female body. All you need to know is someone who can get the pill and how much. It changes the monopoly of doctors on this process.

I think that you will always need surgical abortions, also—let me be very clear about that—but for the early pregnancies, I think that there must be at some time a moment where these drugs are available easily or even over the counter. In the US, contraceptives have had a long journey: they were illegal in the '20s, then only legal for women that were married, all those horrific medical exams before you could get it subscribed. The process for abortion pills will be very similar.

#### Do you feel hopeful about that?

I don't know. It's supported by research that women can do a medical abortion safely by themselves at home, so of course I think it should go this way, but that's not always how the world works. And I'm extremely concerned about all the attempts that are being made to restrict access to the medicines again, not just in the US but in other places as well.

## In the documentary, a woman you work with says that it's hard to generalize about abortion, because it's so common.

It is a common event in women's lives. But something that is common doesn't mean that it's normal. These are two different things. Working in the abortion rights movement, I have to continually realize that although abortion might feel normal to me and in my experience—and although it is a common event—abortion can't be "normal," because it means different things to different people. An unwanted pregnancy might mean nothing to one woman, it might be life-devastating to another. The normality of having an abortion depends on the social, economic, logistic and legal environment: to have an abortion is not a "normal" situation for somebody who comes from a anti-abortion fundamentalist Christian family or who has to pay a large amount of money very fast, or travel long distances, or risk imprisonment to have one.

But it might be a normal event for somebody who can go to their family physician. And that's what makes it so complicated.

One thing that is true, I think, is that to many women seeking abortions, it's not a "choice" but a need. Those are two very different things.

#### The only thing women seeking abortions have in common is that they need it.

Yes. They don't experience abortion as a right they are acting upon. They experience it as an emergency. They don't think, "I have a right to choose what to do with my body." They think, "I'm in an emergency, I need this." In that sense, language really matters. But I guess it took me a

long time to become aware of this. It's easy to copy people's language, and I did when I started in this field.

### And your language is?

I choose to frame abortion as a medical need that doesn't have to be medicalized. A painkiller is a medical need, but I can take it by myself. Abortion is a medical need that doesn't have to be met in a medicalized environment; it's an essential part of safeguarding people's lives and health.

To learn more about VESSEL, get involved with Women on Web, pre-order the film, or host a screening of the documentary, visit their website, Facebook, or Twitter.

Images courtesy of VESSEL.