



Rebecca Gomperts (Vessel)

“The political landscape is not ready”: Meet the woman leading a D.I.Y. abortion revolution

“There’s so much acceptance that this is a safe option,” says Dutch physician Rebecca Gomperts. But it took work

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KATIE MCDONOUGH

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Rebecca Gomperts has traveled the world providing women with information and access to medical abortion in countries where the procedure, no matter the method, is illegal or greatly restricted. The Dutch physician has spent more than a decade engaged in international legal battles to defend her work, which by design walks the line between what the letter of the law says and what's possible around it.

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Gomperts founded [Women on Waves](#) in 1999, an organization that uses a ship to provide safe medical abortion in international waters. Women on Waves has provided mifepristone and misoprostol to women in countries around the world. In places where Gomperts has been prevented from dispensing the pills, she has provided information to women about how to access the drugs, which can safely be used to end a pregnancy up until 12 weeks.

In 2013, a study tracked more than 200,000 women in the United States who took mifepristone at a clinic and took misoprostol at home. Less than .7 percent of these women experienced complications like bleeding or infection. The practice of telemedicine has become increasingly common and the Royal College of Obstetricians and Gynecologists supports home medical abortion, but the practice remains controversial. And in places where abortion is banned, information can be hard to find.

Which is where [Women on Web](#) comes in. Founded by Gomperts in 2006 to act in partnership with the campaigns being conducted by Women on Waves, it is a comprehensive website that connects women to reliable suppliers of mifepristone and misoprostol and support to safely self-induce using the drugs at home.

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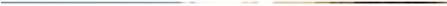
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Using Mifepristone and Misoprostol is no more complicated than using other medications. You will get clear instructions about how to use the drugs, what to expect, and when to go to a doctor. If you have questions about any step of the process, you can contact a helpline. A medical abortion does not need to take place in a hospital or first aid clinic.



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Women on Waves and Gomperts are both the subjects of a [new film](#), set to be released on Jan. 9 in New York City, called "[Vessel](#)." It follows Gomperts from the ship's inaugural voyage to Ireland in 1999 through 2012, when it conducted its most recent campaign in Morocco. I reached out to Gomperts to discuss the film, the current global legal landscape and why she thinks so many remain so afraid about the rise of the do-it-yourself abortion. Our conversation has been condensed and lightly edited for clarity.

During each of the campaigns with Women on Waves, you had to navigate this space between generating media attention that you wanted and needed around the issue but also protecting the privacy and safety of the women you were there to serve. That's a dynamic and a tension I observed throughout the film.

The biggest challenge was actually to be able to provide the services and not to be stopped. The ship is powerful in a way that it's legally undermining the laws of countries, and I think that's the power of it. And that is, of course, where the media has interest.

I think our main struggle was always to be able to sail in and to be able to sail out with women. To provide them medical abortion, and to make sure they are safe. And to make sure we are safe from legal prosecution because we've had, of course, quite a lot of claims against ourselves. I think that actually was the main struggle. And the interesting thing is that's not really so visible in the film. Because that happens usually after the campaigns, all the legal challenges. They play out after the campaigns, not necessarily during the campaigns.

And what were some of those challenges?

First of all, of course, it was after the campaign in Ireland that we had to sue the [Dutch] government for refusing our license. And the Dutch government is still being very awkward about this whole situation because the law is very clear that abortion under six weeks of pregnancy fall outside the law, but every time again the Dutch government is saying, *You can't do the abortion because you don't have the license.* And every time again we say, *We don't need the license.* It's always an awkward situation. [Under Dutch law, a physician requires a special license to perform an abortion after six weeks.]

Then of course we had the court cases when we were sailing in Poland. The ship was put on a leash for a while, and we had to pay a huge fine because they said we broke the Polish harbor regulations. We had to go to court, and we won that court case and got the fine back. But also, after this campaign in Poland, all the women that had sailed with us were asked for questioning by the police, to



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testify against us. Of course we had a very good lawyer that supported these women in their response to the police. That was really about keeping women safe.

Then after the campaign in Portugal, we had a court case to overcome the decision to stop the ship from sailing in. And we lost that case in Portugal but won it before the European Court of Human Rights five years later. Then, after the campaign in Spain, we were prosecuted for breaking the laws. Then the Dutch government also asked for the general prosecution in the Netherlands to start prosecuting us for breaking the law. Then the prosecutor in the Netherlands said there was no proof that we had provided the abortion pill.

You need lawyers and argumentation. It takes a long time. That has been, I think, in the beginning especially, that was our biggest continuous threat. Where will the next legal challenge be?

On the media perspective... Of course, the media is a very important way to address the issue and to put it on the agenda and generate public debate and change. But I think the media follows certain things. You can create media by doing things that are unusual, on the edge, that are seemingly risky or challenging.

One of those risks, I think, is when you decided, live and on-air on a talk show in Portugal, to announce how to self-induce using misoprostol.

I was already giving a lot of information over the Internet. The difference is that it was public. To give information when women ask you through email, you are more in control of that information. Again, what we are doing is a response to a need. All of our actions and campaigns are in response to a need.

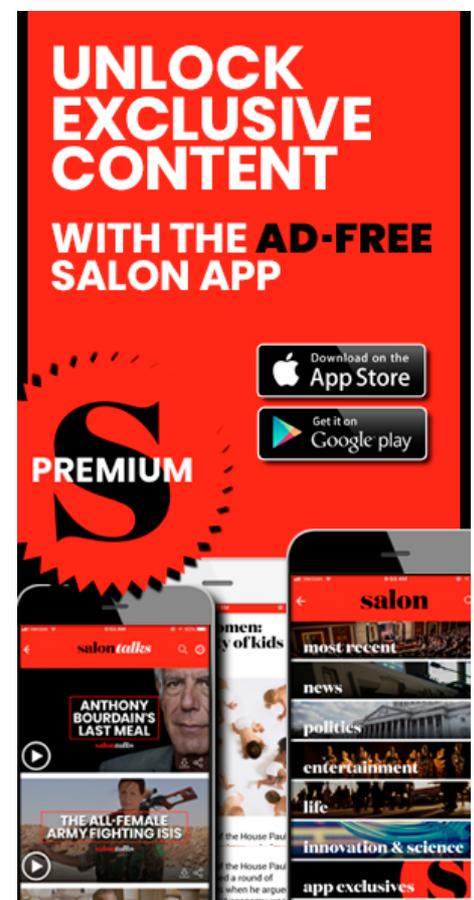
When the ship was blocked from entering in Portugal, we knew there were so many women waiting for access to help who had no other solution. So this was the only alternative that was left for us, to make sure women had some form of access.

And what was the response?

The audience applauded. It was very moving. We didn't expect that. And the host ... she was obviously very supportive to what we were doing. In Portugal, I think the politics were really behind public opinion on the ban of abortion.

A few years before, 35 women had been on trial in Portugal for undergoing abortion. A nurse was sentenced to 10 years in prison.

Was 2012 the last voyage? The work is still happening with Women on Web, but it's been a few years since the last boat campaign.



Women on Web has existed since 2006. So we have been online since April 2006. The thing is that we were a little bit wary of being more public about it. It was more under the radar provision of services. We decided, because there was a lot of criticism, also from medical professions, to prove that what we were doing was OK. There had been a lot of research on medical abortion already in journals. And that gained a lot of support from the scientific community.

In the first years, we were really feeling out the grounds. It was such a new initiative. And we needed to find the obstacles and problems and challenges. Until 2011 and 2012, they all played out. Now we know the problems, how to expect them and how to overcome them.

If you look at the different responses, public opinion, on women using medical abortion themselves... When we first published in the British Journal, a very prestigious journal, about Women on Web, the press wrote about it, "Women risking their health using abortion pills." If you compare it with what's published even six years later, in the New York Times and other articles, there's so much acceptance that this is a safe option. We had to work really hard to get there. This did not happen overnight.

So the last campaign in 2012... Women on Waves and Women on Web exist next to each other. They are different. You need different strategies in order to achieve different things at different moments in different places. The hotlines is one strategy. Stickers is one strategy. Women on Web is one strategy. The boat campaign is a strategy. And you have to use them where appropriate.

The boat is not over at all. We don't do it every year. It's impossible to do it every year. The last campaign in Morocco in 2012, that was four years after the last campaign in Spain. We take our time. We don't have to prove we can do what we do. When we do something, it has to make sense. There has to be a very good reason to do it. And we have to have a clear goal, to find good collaboration with local organizations.

Women on Web is very under the radar, in terms of how you operate. But your reach is still global. The testimonials from the women who were able to access care through the site make that very clear.

The testimonials, for example, are another very important part of this strategy. When we started Women on Web, we said we needed to collect stories of women. Because other women need that support. They need to read about other people's circumstances and experiences so they can know what they can expect.

There's something like 4,000 on the website, from all over the world. It's an enormous, powerful resource for women. Not celebrities. Normal women telling their stories, and it's a very powerful resource for women to use it. The testimonials are also very unfiltered. Women on Web does not shy away from this.

The women talk about cramping, about vomiting they've experience. These are not sanitized stories.

We don't censor. We don't censor the ones where women say, "I regret my decision. Don't do it." Because they are real stories. It has to be about reality. About real life.

In the film, packages of medication were being confiscated in Brazil. Is that still a challenge?

Sometimes it's happening. Other times it's not. We always try to, if it happens, sometimes we have to temporarily stop. What we then do is we always make sure there's alternatives. Like, what is a country nearby? How much does it cost? How do they get there?

The problem is, of course, that's not an option for a lot of women. So yes, sometimes it is a problem. And sometimes it solves by itself and is not happening anymore. We are constantly testing to see how it's going, if it's getting through. And of course trying to find other solutions.

There's different ways to try to address that.

Just as with Women on Waves, Women on Web is in complex legal territory. Where sharing this information and making these drugs accessible is treated as a crime changes from place to place, for example.

What is very important is that in almost all countries the freedom of information is protected in constitution. But at the same time, you can always interpret giving information about mifepristone as inciting a crime, which is illegal. That is why it is very important to teach women, and actually the University of Toronto analyzed this, the legal strategy of the online strategy.

I had outlined it, but they really formed it. What we always do is we determine the borders. What can you do? What can you not do? For example, in Poland we had this situation where the lawyer said, No you cannot say you are doing abortions because that is helping women to get an abortion and that is illegal in Poland as well. And we said, We are going to do it anyway, how can we do it? What we did was instead of saying we are going to do abortions, we said, according to Dutch law, we are allowed to provide abortion on a Dutch ship in international waters.

Language in a legal sense is very important. It's about what you say and what you don't say. It's very important that you know of how you can say things and what you can say.

Your approach seems beyond the law. That is, is following the law in a very precise way, but it's also a manipulation of the law.

The law is not a static language. Law is prone to interpretation. I think what is very interesting, when things are made illegal, there is an enormous self-censorship of people that comes in immediately. People are really afraid. Afraid to even come close to the exceptions or the possibilities within the law. And I think that is where we've done a lot of work, to try to redefine what this really is and what things mean.

And to use the fullest extent of the interpretation of the law. And, you know, sometimes you need court cases and judges to decide what is actually the definition of something. And we don't shy away from court cases. But what we always try to do is to make sure it's not falling under the criminal code.

In the United States right now, the antiabortion movement has gotten very adept at manipulating and changing the law.

They have been very good at getting laws accepted. The thing is that they are more working through the legislative process. The abortion rights movement [in the U.S.] is very good in education, but the antiabortion movement has been much better getting restrictions implemented into law.

They have learned the gaps that can be used in litigation, and they close them immediately.

Things are so varied, globally. Even at the local level, things change so much from place to place. What do you think about the moment we're in now?

I find it to be an extremely difficult question. It's not possible to speak from a global perspective. As you see, in the U.S., it's all very local. What's happening in Texas is not what's happening in New York state.

What's happening in Brazil, where there really is a harsh crackdown on abortion providers right now, where there's nothing available that is safe. But that is not happening in Uruguay, where it's being legalized. So you cannot speak from a global perspective, I think.

And also sometimes laws do not reflect what is really the situation on the ground. For example, in Ecuador, abortion is restricted but it's quite easy to buy mifepristone. On the other hand, in Chile it's very difficult to buy mifepristone on

the black market. I think one of the biggest challenges now is to make sure that the medicines remain available, and easily available. Not just in hospitals, in pharmacies, perhaps even over the counter.

In the United Kingdom, women are still required to take the second part of the medical abortion in the clinic. It's outrageous. It doesn't happen in most of the other European countries. France, for example, is very interesting. They are much more susceptible to following the newest scientific developments on medical abortion, and now medical abortion there is available through general physician. But in the Netherlands, it is much more difficult to get that done. To make sure that even a general physician can provide the medical abortion, which would be the most appropriate step to take. So why would a woman have to travel hours to an abortion clinic just because it has a license to do surgical abortions?

But the political landscape is not ready. That is the struggle, for now. To make sure the medicines become more easily available everywhere. That is also why these laws in Texas were implemented, where even the abortion pill has to be taken in facilities. Because they know that is the only way women are going to get broader access.

There are a lot of websites around the world where women can obtain these medicines. What I'm missing, as an action from the women's rights movement, is to do proper research. What are the reliable websites? Then publicize these so women know a reliable place to get these medicines. I don't know why that hasn't happened yet.

KATIE MCDONOUGH

Katie McDonough is Salon's politics writer, focusing on gender, sexuality and reproductive justice. Follow her on Twitter [@kmcdonovgh](https://twitter.com/kmcdonovgh) or email her at kmcdonough@salon.com.

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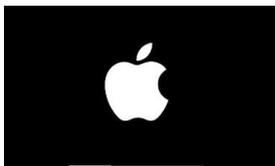
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