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The Perfect Storm: How Pro-Abortion Activists in the Netherlands Incite Social Change From International Waters

Julia Ellis-Kahana
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**The Perfect Storm: How Pro-Abortion Activists in the Netherlands Incite Social
Change From International Waters**

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Abstract

This project is a sociological ethnography of the Women on Waves foundation, founded in 1999 by Dr. Rebecca Gomperts. As an international non-profit organization, they employ a direct action method: sailing to countries where abortion is illegal and providing safe abortion access. Local women board the ship that then travels 12 miles to international waters, where Dutch law applies, and the abortion pill can be administered legally. Using a feminist perspective, I interviewed five of the women at the organization in addition to the ship's captain in order to understand the ideological beliefs about the reproductive rights that have inspired and motivated the organization's mission. I examine their personal stories by critically looking at how they speak about their activism and the significance of these memories in their lives. I approach my study of the organization after a comprehensive summary of the history of abortion legalization in the Netherlands, specifically looking at pro-abortion feminist activism in the 1970s. Within the historical and socio-cultural framework of Dutch society, I discuss the history of the Women on Waves foundation and then provide a portrait of each interview. I also analyze the interviews as a collective group through thematic trends. I have come to the conclusion that through creative strategies, daring actions, and fervent passion, their ship will continue to help women everywhere to attain access to safe abortion and accurate reproductive health information.

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I. Introduction

Many countries have laws that prohibit safe abortion access. A woman who attempts to have an abortion may use dangerous methods that can result in an untimely and preventable death. In 2003, there were 42 million abortions worldwide, 22 million that were safe and 20 million that were unsafe. In 2008, there were 21.6 million unsafe abortions globally, most of which occurred in developing countries that resulted in 47,000 maternal fatalities ("Unsafe abortion: global," 2008). The Guttmacher Institute for sexual and reproductive health has claimed that 70,000 maternal deaths from unsafe abortion occur each year (Singh et al., 2009). These figures are estimates that both are likely lower than the actual number of maternal mortalities, as it is difficult to gather accurate statistics on a topic that is illegal in certain locations. Unsafe abortion is not a problem of the past. Rather, it is an issue that threatens the physical and psychological health of women globally in the present day. The Netherlands, however, has one of the lower rates of abortion worldwide. In 2009, the abortion rate per 1,000 women ages 15-44 with residency in the Netherlands was estimated to be 8.8 ("Jaarrapportage 2009 van,").

In this country, youth have comprehensive sexual education and access to contraception that contributes to the low abortion rate. The Dutch have taken a pragmatic approach to adolescent sexuality. Instead of pretending that youth will not have sexual relations, or forbidding them from such activities, the Dutch educate young people with the knowledge and resources to protect themselves from the risks of sexual activity. Hadley (1996) writes, "Above all, Dutch people want reliable contraception and to avoid unwanted births" (p. 137). In this way, the Dutch give youth a lot of responsibility; they fully expect them to make intelligent and adult personal choices if they are going to engage in behaviors that pose immediate risks to their

emotional and physical health. If an individual properly assumes the responsibility of self-protection, then an unplanned pregnancy should not happen. However, it is only when the individual responsibility in some way fails that the Dutch believe an unplanned pregnancy, possibly leading to an abortion, may occur. Thus, the Netherlands has made an extreme effort to avoid unplanned pregnancy through public education and awareness (Hadley, 1996). Even though abortion is legal, it is not openly accepted and it is not a normalized medical procedure. Having an unwanted, unplanned pregnancy is seen as a violation of the responsibility and independence that Dutch society has granted its youth. Abortion is tolerated, but certainly not embraced or free from social stigma.

It is within this Dutch cultural context that Rebecca Gomperts, MD, MPP, founded Women on Waves in 1999. Women on Waves is an internationally recognized organization, with their headquarters in Amsterdam. Their goal is to provide abortions to women in countries where access to it is unsafe and restricted. This is accomplished through the use of a loophole in international law. In 2006 its sister organization, Women on Web, was founded. An international online telemedical project, Women on Web, provides safe abortion services and information to women from all over the world.

For my independent study project, I have conducted interviews with the women who work at this organization in an effort to understand how they view their work, the mission of the organization, and to hear their personal perspectives on abortion and reproductive rights. During the research and writing of my project, I was working as an intern at the foundation. While I had originally intended to use only the method of oral history to collect their stories and experiences, my project soon evolved into a sociological ethnography in which I became a participant-observer. In order to better understand the history of the organization, I conducted extensive research on the history of abortion legalization in the Netherlands. I felt it was necessary to

understand the historical and social context from which the organization developed. Studying groups that protested to change the law in the Netherlands, such as Dolle Mina and Wij Vrouwen Eisen (We Women Demand), provided me with a more comprehensive perspective on the strategies and structures of social activism. Through my interviews, I wanted to examine this specific group of activists, who have made a global impact from their origins in Dutch society. I sought to understand how their own ideological beliefs about reproductive rights have motivated their work and why they have been, and still are, able to create and execute high-profile direct action campaigns. Before coming to Women on Waves, I had a vague idea about what activism looked like, and how large-scale actions were organized. After critically analyzing the stories of my participants, particular themes from their responses became apparent. Employing a feminist perspective, I explored these patterns, trying to gain a deeper understanding of the structure of the organization. In this work I hope to illuminate the power of the individual, the power of a collective group of committed individuals, and the power that motivates and incites revolutionary social change.

II. Historical Review: From Criminalization to Legalization of Abortion

A. Foundation of the Law

Many countries now have laws that allow for safe abortion. This is not the case everywhere in the world and alarmingly, "... approximately 13 percent of all maternal deaths are due to complications of unsafe abortion" (Sjödahl, 2004, p.108). While legal policy changes have occurred, they have not been without struggle: every alteration to the law has been a battle between political, religious, and medical parties. The Netherlands is seen as a country that acknowledges issues pertaining to sexuality within the legal system, including access to abortion. The law in the Netherlands currently permits abortion access and coverage for Dutch citizens, but it also false to proclaim that it has the ideal system. Certain parts of the Penal Code leave

room for critical interpretation. The details that were not expressly covered by this law have provided the momentum and grounds for change.

In the 1886 Penal Code of the Netherlands, Article 296 states that performing an abortion is a criminal offence. However, for this act to be punishable, it had to be proven that the fetus was living at the moment the abortion was performed (Ketting, 1994). This contingency was ineffective: how could concrete evidence of this fact be obtained? This gap in the law facilitated the practice of illegal abortions. In 1911, abortion was put into a category of public moral offence, along with pornography and prostitution (Outshoorn, 1986). Once included in the 1911 Morality Acts (Outshoorn, 2000), prosecution and conviction for abortion did occur. Approximately 80 convictions happened between 1920 and 1940, and after that over 200. In 1973, there were three convictions (Ketting, 1994, p.174). Apparently though, non-physicians were the ones who performed abortions in many of these cases ("Q&a abortion in," 2003).

It was not until 1981 that Dutch Parliament passed a new abortion bill, and it was not until 1984 that this law, the Termination of Pregnancy Act (*Wet Afbreking Zwangerschap, WAZ*) came into effect (Ketting, 1994). The Termination of Pregnancy Act is recognized by the Penal Code through a new amendment. Abortion remains a criminal offence in the Penal Code, unless it is carried out under the provisions of the Termination of Pregnancy Act. Although abortion was not officially legal until 1984, the Penal Code was circumnavigated nearly fifteen years prior to any official legal alteration.

In addition to the deeply divided political parties within the Dutch government, the professional medical community also played an important role as an obstacle to abortion access in the early 1900s. Making abortion a highly medicalized procedure that only physicians, not nurses or midwives, could perform, endowed the profession with extreme power and potential for monetary benefit. According to Professor Joyce Outshoorn (1986), an expert of abortion politics

in the Netherlands, “Doctors, however, perceived a rise in abortion rates in the 1890s and called for restrictive measures...what mattered was the perception of the doctors and their capacity to be heard and accepted as experts” (p.16). While doctors did not want unsafe abortion to occur, they also only wanted it to happen if they were the ones who were dictating its course.

B. Liberalization Before Legalization

Although not stated in the 1886 Penal Code, government authorities agreed that abortion would not be considered illegal if performed by a doctor in the case of “medical necessity” (Ketting, 1994, p. 174). However, the government never defined “medical necessity”. Instead, it was agreed that what constitutes the need to abortion should be under the jurisdiction of medical professionals.

In 1966, Professor C.J. Enschedé, an influential Professor of Law, publicly questioned the restrictive abortion legislation. He believed that the law allowed for abortion when medically needed (even if it was not formally stated) and that the mental health of the mother was indeed part of her physical well-being (Outshoorn, 1986). He also argued that “medical need” was not explicitly defined. He thought that what was “medical” changed with the evolution of society and that this term thus should also apply more broadly to situations, such as social distress for the woman (Outshoorn, 2000). Professor Enschedé’s point was well received by parliament because in 1967, the secretary of justice proclaimed that an abortion performed by a doctor was legal (Francome & Vekemans, 2008). The fact that Professor Enschedé spoke out and directly questioned the 80-year old abortion law is an important moment in which the abortion law left open a gap for interpretation. And, Professor Enschedé filled this void by advocating that physicians should be allowed to perform abortions if women were single or had already felt that they completed their family (Francome & Vekemans, 2008).

Also in 1967, the University of Amsterdam created the first abortion team. These teams consisted of a gynecologist, psychiatrist, social worker, and woman's family doctor. The teams were designed to decide if there was a medical justification for aborting. However, they could not accommodate all of the women seeking an abortion; the teams were a time-consuming and an expensive measure. If the team denied a woman's request, it was likely that she would have it done illegally in the Netherlands or travel to England or Yugoslavia. (Ketting & Schnabel, 1980)

The abortion teams were a productive action, but they were clearly not an effective method or long term solution for a pressing issue. A team of medical professionals was given the authority to make the decision for the woman about her pregnancy. The Dutch Psychiatric Association came to the conclusion that, "...the woman concerned is the one who can best decide whether an abortion is necessary" (Ketting & Schnabel, 1980, p. 387). Between 1970 and 1972, the abortion team system ceased activity. Even though it was not legal, abortion was available by 1972 (David & Rademaker, 1996).

Additionally, sociologist Evert Ketting (1996) describes that 1965 to 1975 in the Netherlands was a time in which the discrepancy between actual behavior of individuals and the moral standards derived from Christian values was finally addressed. There was an attempt to close the chasm between idealized morality and practiced behavior. Thus, sexual behavior was conceptualized in a new but nevertheless constrained way: it gave the individual autonomy and responsibility over his/her action. There was great emphasis on responsibility of the individual (Ketting, 1996). This changing attitude is largely reflected by contraceptive use. Having access to, and using contraceptives could mean that an individual is applying a harm-reduction to sexual activity. The risk of STIs and pregnancy still remain, but with contraceptives an individual can proactively protect herself/himself from pregnancy, if not from breaking God's rule as understood by the official Catholic Church.

C. Contraception and Progress

In 1969, the Dutch government lifted the ban against public advertisement of contraceptives. Prior to that however, women were able to obtain the birth control pill in 1964 (Ketting & Schnabel, 1980). Interestingly, "...about 41% of all Dutch women aged 15-44 were using the pill in 1977, which meant that Holland had by far the highest rate of pill users in the world" (Ketting & Schnabel, 1980, p. 389). When almost 50% of reproductive-age women are utilizing oral contraceptives, it is an overwhelming statement that these women were taking precaution to prevent unwanted pregnancy. Also, by 1971 Dutch Public Health Insurance subsidized the pill, IUDs, and diaphragms. With so many women using protection, some physicians themselves felt responsible for the unwanted pregnancies of female patients. The thought was that if women had taken measures to protect themselves, then they should not be held solely accountable for becoming pregnant (Ketting & Schanbel, 1980).

This dispersion of abortion teams in hospitals led to the creation of abortion clinics in which general practitioners, and not gynecologists, performed the procedure. At first, abortion was performed up to 12 weeks gestation. It soon became apparent that this timeline needed to be extended if all the women who wanted to abort were to do so in the Netherlands because women past 12 weeks had to be sent to the United Kingdom (Albas, 1996). Also, in 1974, four Dutch abortion clinics practiced "overtijd behandeling" translating to "overtime treatment". If a woman has missed her period for less than 16 days, meaning that she could be up to six and a half weeks pregnant, this qualifies as overtime treatment, also referred to as menstrual regulation. Menstrual regulation, which is actually a very early abortion, is not included in the Penal Code. Originally, three out of four of these clinics did this practice without the women even taking a pregnancy test. These menstrual regulations were not recorded for statistics until 1977 (Ketting, 1996).

D. The Current Situation

The Termination of Pregnancy Act (Wet Afbreking Zwangerschap, WAZ), introduced in 1981, officially addressed the law banning abortion ("Q&a abortion in," 2003). However, this law, legalizing abortion, did not come into full effect until November of 1984. The time lapse of when the bill was passed and when it became completely official was not an enormous problem for women who wanted abortions because abortion clinics had been providing services to women since 1970. Abortions in the Netherlands have been reported since 1985. Under the Termination of Pregnancy Act, termination is permitted within 24 weeks of conception. Nevertheless, most physicians do not perform an abortion past 21 weeks and a few days ("Q&a abortion in," 2003).

After an initial consultation with a general practitioner to request an abortion, the Termination of Pregnancy Act mandates a 5-day moratorium meant for a woman to further contemplate her choice (Ketting, 1994). According to sexologist Mária I.I.P. Schopman (1996), the five-day waiting period, "...was inspired by the need for political compromise between the social liberal and the Christian democrat party factions in Parliament at the time the Act was passed" (p.34). The five-day "thinking time" is a purely political construct that is meant to restrict and control the freedom of women, even when granting them the ultimate right to abort.

Despite finally giving women the legal access to autonomy over their own bodies, the law still does not endow women with every freedom to control the abortion process. Schopman (1996) quotes the doctoral thesis of Cecile Gijbbers van Wijk (*Sex Differences in Symptom Perception, a Cognitive-Psychological Approach to Health Differences*, 1995): " 'The five-days' moratorium required by law for abortion, starting on the day the woman has seen the 'practitioner and discussed her intentions with him (sic)' (W.A.Z., section 3, para I) is a patriarchal, unconvivially sexist element in an otherwise adequate abortion law' " (p.34). Gijbbers does not believe that there is justified cause for this part of the law, which has not been altered since its creation in 1984. For anti-abortionists, this slow-down element of the law may

be seen as a compromise made with more liberal parties. However, the five-day moratorium does not apply for menstrual regulations (Schopman, 1996, p.34).

The Penal Code was amended to account for the Termination of Pregnancy Act. Article 296 of the Penal Code was slightly changed to account for the advancement. Title XIXA, Termination of Pregnancy, Section 296 reads,

Any person who provides a woman with treatment and knows or may reasonably assume that pregnancy may be terminated as a result shall be liable to not more than four years and six months' imprisonment.

Where the act results in the death of the woman, the person shall be liable to not more than six years' imprisonment.

Where the act is committed without the woman's consent, the person shall be liable to not more than 12 years' imprisonment.

Where the act is committed without the woman's consent and also results in her death, the person shall be liable to not more than 15 years' imprisonment.

The act referred to in the first paragraph shall not be punishable if the treatment is provided by a physician in a hospital or clinic in which such treatment may be provided under the Law on the termination of pregnancy ("Netherlands. law on,").

Abortion is still a criminal offence and punished as such if it is not performed in such a way that abides by the Termination of Pregnancy Act. This means that a physician who performs an abortion outside of a clinic or hospital licensed by the Minister of Health is subject to serve time in prison. During the late 1970s and early 1980s, before the Termination of Pregnancy Act, the Dutch government did not strongly enforce this part of the Penal Code, which enabled much liberalization from the medical community and activist organizations. Also, The Exceptional Medical Expenses Act subsidizes the cost of an abortion for women who are citizens of the Netherlands. Women from other countries have to pay for the procedure ("Q&a abortion in," 2003). Only 6% of abortions are carried out in hospitals, while most of them, 94% are performed in licensed abortion clinics ("Abortion in the," 2008).

In addition to the traditional method of performing an abortion through a surgical procedure such as vacuum aspiration or dilation and curettage, a medical abortion can also occur

through oral or vaginal administration. The two primary medications that are used for this purpose are Misoprostol (also referred to as Cytotec) and Mifepristone (also referred to as RU-486). Mifepristone and Misoprostol are registered on the World Health Organization's Model List of Essential Medicines. ("WHO model list," 2011). It was only in 2007 that the WHO Expert Committee on the Selection and Use of Essential Medicines added Misoprostol (Abdel-Aleem, 2011). While it was originally used to treat gastric ulcers, it also has applications to obstetrics and gynecology. These indications include: induction of abortion, incomplete abortion, prevention of postpartum hemorrhage, induction of labor, and treatment of postpartum hemorrhage. For induction of abortion, Misoprostol is recommended as treatment for up to 9 weeks LMP (last menstrual period) ("Instructions for use," 2004). In the Netherlands, physicians who perform abortions in hospitals and clinics use Misoprostol. It can be purchased from pharmacies in the Netherlands with the prescription of a physician. Physicians in hospitals and abortion clinics also use Mifepristone for induction of abortion, which became registered in the Netherlands in 2000 under the name Mifegyne ("Q&a abortion in," 2003).

III. Movements that Matter

Originally, the Dutch Society for Sexual Reform (NVSH), the Women's organization of the Dutch Labour Party (PvdA) and the Men-Women-Society (MVM) were the groups that put the abortion issue on the public agenda, which reached the attention of the Dutch government. Their intention was to change the archaic law in existence from 1886 (Outshoorn, 1986). In the Dutch multi-party system, no one party has absolute majority. This, in combination with the strong division of opinion on this issue, undoubtedly delayed any legal reform. A cabinet that included the Labour Party, the Catholic People's Party (Katholieke Volkspartij – KVP) and the Anti-Revolutionary Party (Anti-Revolutionaire Partij – ARP) failed to reach consensus. It was not until the general elections of 1977 when the Christian Democrat Party and the Liberal Party

regained power that legislative altercation could commence (Outshoorn, 1986). Nevertheless, prior to 1977 much action was taken by organizations to make abortion safe and accessible.

A. Stimezo Nederland

Stimezo Nederland is a private non-profit group that began in Rotterdam in 1969 (Albas, 1996), although currently it is no longer in existence. From its small grassroots beginning, the goal was to provide private abortion services. The organization was able to start its own abortion clinic in 1971. According to sociologist Evert Ketting (1994), “The founders were mainly family doctors who were confronted with abortion requests in their practices, which they could hardly refer to hospitals” (p. 177). The gynecologists in hospitals who worked in the abortion teams could not provide for the number of patients, but it was apparent that there was a pressing need for this procedure. With time, Stimezo developed into a national collective of abortion clinics, disseminated accurate information to the public, and loudly advocated for abortion rights. In addition to actual services and public awareness campaigns, they published 47 reports primarily on abortion and contraception between 1974 and 1991 (Ketting, 1994). Ketting (1994) also reveals “The media and politicians got to know Stimezo as where a woman turns and learns about abortion” (p.178). Professor Outshoorn asserts that Stimezo and Dolle Mina (a group of the women’s liberation movement) were responsible for redefining it as an issue that is fundamentally about control (Outshoorn, 1986, p.19).

Stimezo’s actions came at a critical time: the demand for safe abortion was present but the law would not be reformed until nearly fifteen years later. The organization did not wait idly until its activities became legal. Its mission to provide abortions became far more important than its struggle to legalize them. Professor Outshoorn (1986) wrote, “Stimezo and NSVH were in favour of dropping their demands for reform. This meant postponing a legal solution but having an uninterrupted availability of abortion on demand” (p. 21). Additionally, Stimezo does not

hide that illicit acts are a substantial part of their movement's history. In the publication that celebrates 25 years of the foundation it is written, "...Stimezo has developed about half her activities illegally and the other half based on the Termination of Pregnancy Act" (Delmonte, Hamers & Litjens, 1996). They were able to secure the abortion issue on the social and political consciousness of the public. By 1973, abortion was actually available on demand (Outshoorn, 1986), even though the laws still forbid it. While abortion was accessible, it is also important to note that there were still three convictions in 1973. The emerging public opinion that abortion should be legal in combination with an inability of political parties to come to consensus on a new bill created the necessary space for this social revolution to occur.

B. Dolle Mina

Dolle Mina, a socio-critical leftist activist group, was founded in Amsterdam in 1969. Their name, "Dolle Mina" has important historical significance. It originates from Wilhemina Drucker (1847-1925) who was a progressive, socialist feminist from Amsterdam. Seeking to elevate the oppressed position of women in society, she founded the Amsterdam Free Women's Movement. In her courageous fight for women's liberation, Drucker received the complementary and descriptive nickname "Dolle Mina" which is translated as "Crazy Mina". The new generations of feminist activists in the 1970s thus honor their predecessor with their group's name. Dolle Mina did not believe their battle to be against men in particular, but instead against social class inequalities ("Declaration of the," 1971). The Dolle Minas also continued Drucker's identification with the Socialist Party. According to their ideology, "The ultimate liberation of women and men is only possible in a socialist society. By this Dolle Mina means a society which takes the equality of all people as a basic condition, and in which labor, power, and commodities are justly distributed" ("Declaration of the," 1971). In the struggle for equality of all people, and therefore attempting to elevate women to the status of men, pro-abortion rights were one issue of

many on their agenda. Other topics included equal education for girls and boys, no discrimination toward unwed mothers, struggle against the sexual double morality, and more comprehensive sexual education. Their specific position on abortion is that it is the choice of the woman. They also declare, “Most of the abortion problems can be avoided, if all men and women would use safe birth control methods” (“Declaration of the,” 1971). This sentiment exemplifies Dolle Mina’s particular social context of Dutch society: advocating for contraceptive use as well as accessible abortion.

The collective memory of the Dolle Minas has evolved into renowned activist group within second wave feminism¹. They made themselves known through direct actions: they did not sit around debating or discussing how legislature should be changed, they went into the streets, caught the attention of the mass media, and utilized this public platform to assert themselves. For example, to demand more public restrooms for women, they tied pink ribbons on men’s public urinals in Amsterdam in 1970. In March of that year, they arrived in Utrecht at a conference for gynecologists and protested with their new slogan, “Baas in eigen buik” (Boss of my own belly) written across their stomachs (“Dolle mina timeline,” 2010). This catchphrase quickly gained momentum from the media and Professor Outshoorn, once a member of Dolle Mina herself, writes that it “...became a household slogan in the Netherlands” (Outshoorn, 1986, p.20). Outshoorn also believes that this action catalyzed the question of abortion to be inherently about control. This direct action was strategic and powerful. They displayed that they were the masters of their own bodies through using the physical space of their own flesh.

C. Wij Vrouwen Eisen (We Women Demand)

¹ I am using the term “second wave feminism” to refer to the feminist movement in the 1960s and 1970s that fought for the economic and social equality of women.

In 1974, three members of Dolle Mina formed Wij Vrouwen Eisen (We Women Demand). It was a collaborative initiative of leftist parties and various groups from the women's liberation movement (Outshoorn, 1986). While Dolle Mina focused on many issues, Wij Vrouwen Eisen devoted their time solely on abortion rights. According to Outshoorn (1986), their goals were, "...decriminalization, refunding the costs via the national health insurance scheme, and control by the women over the decision" (p.20). Between December of 1974 and March of 1981, they organized seven pro-abortion demonstration actions ("Demonstrations and protest,").

One of the most famous pro-abortion actions of Wij Vrouwen Eisen was a two-week occupation of the Bloemenhove Clinic in Heemstede in May of 1976. The Bloemenhove Clinic offered second trimester abortion services, much to the disdain of the Catholic Minister of Justice Van Agt (Outshoorn, 1986). In 1976, a German couple went to the Dutch police attempting to press charges against this clinic because after the woman had an abortion, she also had a miscarriage of a second fetus ("Abortion in good,"). This provided the perfect ammunition for Van Agt to attempt to close the clinic and remove all of its equipment for the second time (Outshoorn, 1986). However, the women's movement acted immediately and aggressively, physically occupying the Bloemenhove Clinic for two weeks. Van Agt's attack on the clinic did not come to fruition because of committed protestors. Under the law at this time, abortion was still illegal. The enormous public outrage from female activists and ultimate defeat of Van Agt is a perfect example of the enormous gap between the legal situation and actual practices in the Netherlands at that time.



Dolle Minas in Amsterdam, 1971. Retrieved from:
<http://dollemina.files.wordpress.com/2008/01/baasineigenbuik.jpg>



Marjan Sax, founder of feminist funder organization Mama Cash, with the megaphone at the Bloemenhoeve Occupation, May 1976.

Retrieved from: <http://www.vrouwennuvoorlater.nl/protest/bloemenhove1976.htm>



HILVERSUM 1943
ROEF VAN AGT
DE PLEIN 10
HILVERSUM
20-1943

Occupation of the Bloemenhove Clinic, May 1976. Retrieved from:
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IV. Theoretical Framework: Feminism

I have applied a theoretical framework of feminism for conducting and analyzing my research. The feminist perspective seemed the most appropriate theory to use for studying abortion legalization and activist movements led by women. Feminist theory operates under the notion that there is an inequality between the male and female gender within society derived from rules and ideologies. The feminist viewpoint explores this large disparity, and attempts to empower women by endowing them with the social, political, and economic rights that their male counterparts already have. According to the early feminist Rebecca West, "Feminism is the radical notion that women are people" ("Feminism 101,"). The fact that women are indeed people does not indicate a radical ideology. However, if women are people, just as men, then that would imply that they should be granted the same rights to autonomy of the body. This concept, that women should have access to basic bodily integrity, is a contested statement when confronted with societies that support the oppression and subordination of women. The Center for Reproductive Rights asserts that reproductive freedom is a fundamental human right. They state,

...women's lives, liberty and security, health, autonomy, privacy, equality and non-discrimination and education, among others cannot be protected without ensuring that women can determine when, how, and whether to bear children, control their bodies and sexually, access essential sexual and reproductive health information and services, and be free from violence ("Reproductive rights are," 2009, p.3).

The Center for Reproductive Rights attempts to place reproductive rights in the same category as any other basic right that women and men should have. Identifying reproductive rights for women in a category with any other basic right is often strongly contested. The controversy that is created is a result of the ownership and control that patriarchal societies unjustly and unfairly demand.

Becoming pregnant and giving birth to a child is a biological process of which only the female body is capable, due its reproductive anatomy. This simple fact makes abortion an issue

that immediately affects female-bodied individuals. However, having a child is not an isolated biological event. Pregnancy and motherhood are also socially constructed phenomena, of which particular cultures and societies ascribe specific social expectations and demands. According to the theorist Judith Butler, gender itself is a socially constructed entity that is a performance. She writes,

...gender is an identity strenuously constituted in time, instituted in an exterior space through a *stylized repetition of acts*. The effect of gender is produced through the stylization of the body and, hence, must be understood as the mundane way in which bodily gestures, movements, and styles of various kinds constitute the illusion of an abiding gendered self” (Butler, 1990, p. 191).

In order to gain validation, meaning that others will recognize and thus legitimize an individual’s identity in society, he/she must act his/her appropriate gender role. An individual is not born with a gender. Rather, an individual learns how to perform his/her gender. Butler (2004) writes, “... it (gender) is a practice of improvisation within a scene of constraint” (p.1). Thus, the performance is not unhinged. It is grounded by the reality of what is considered socially appropriate. An individual will learn the part that he/she must play- but it is a matter of repetition before an individual can do this flawlessly.

Pregnancy and motherhood are often integral to the performance of the female gender. It is expected that women will one day become pregnant, bare children, and then be the loving, and nurturing caregiver for their offspring. In accordance with Butler’s theory, women can only fulfill this imposed social script through utilizing their own bodies to perform these tasks. The physicality of the female body has thus evolved into an apparatus that women must use to establish, validate, and control their identity. However, in the case of legal limitations upon abortion, a woman’s autonomy over her own body, her mechanism to perform her gendered role, is violated: the choices about her reproduction are not hers to make. Women’s bodies have become the property of religious, medical, and government institutions. Additionally, Mary Boyle (1997) writes, “Control of the procedure [abortion] can therefore be seen as part of a larger

pattern of control of female sexuality and reproduction” (p. 7). Boyle presents abortion as a conflict of control, as did Dolle Mine and Wij Vrouwen Eisen. When a woman’s control over her reproductive capacity is taken from her, she is not able to fulfill Butler’s theory of gender performance. Instead of being the actor within a societal constraint (demand to produce children), in the instance of abortion, the society takes from the woman even that basic autonomy of being the one who makes the decision to perform the play. Instead, patriarchal institutions seize even this bit of control and exploit the bodies of women as their own material objects to conform to their own hegemonic gender expectations. The image of the tangible body being controlled by external authorities is illuminated by Eileen L. McDonagh’s (1996) discussion of the classic metaphor for pregnancy where women are vessels. When the materiality of a female body is perceived only as the physical space in which a fetus can grown and develop, it is simple to see how oppressive forces take command of this “vessel” (p.22) and then make choices about it.

One facet of the current abortion law in the Netherlands that is extremely disliked by pro-abortion groups and women is the mandated five-day wait period. After a woman has received approval from a physician to have an abortion, she must wait another five days before the actual procedure. This extended moratorium is justified as a space for women to further ponder the consequences of their decision. Professor Outshoorn reveals that actually this provision was “... aimed at preventing women from abroad coming to the Netherlands to have an abortion” (Outshorn, 1986, p.22). Regardless of the actual reason, a feminist perspective of this five-day delay would assert that it is yet another way that the government and the professional medical community has found to control and restrict women. Even within a law that provides a woman with her rightful autonomy, the government still does not surrender all of its power to the women who are the ones making a choice about their own bodies.

V. History of Women on Waves

Doctor Rebecca Gomperts is the founder and director of Women on Waves, a non-profit organization and direct action group, established in 1999. In Amsterdam, Dr. Gomperts studied medicine at the University of Amsterdam and art at Rietveld Academy. After completing medical school, she received additional training to become an abortion provider. Dr. Gomperts has also attended Enkhuizen Zeevaartschool (Nautical College) to study sailing. In 2010, she attended Princeton University at the Woodrow Wilson School of Public & International Affairs to obtain a Masters in Public Policy. During her abortion training, she took time to sail with Greenpeace, a non-governmental environmental organization, as the ship's doctor. On her voyage outside of the Netherlands, she witnessed illegal and unsafe abortion. Dr. Gomperts heard countless tragic stories from women about their own experiences with illegal and unsafe abortion, and so she returned to Amsterdam with a new ambition: to create an organization that would help women everywhere in the world by providing them with education, resources, and access to safe abortion services.

She wanted to take a ship to countries where abortion is illegal, board women on the ship, and then sail twelve miles to international waters. Afloat international waters, Dutch law applies to a Dutch ship and abortions could be safely performed. Artist Joep van Lieshout designed an 8-by-20 foot gynecological treatment space to be a mobile abortion clinic on the ship. It is called "A-Portable". Women on Waves works extensively with grassroots feminist organizations in the countries to which it sails to ensure local support and collaboration before, during, and after the ship's journey. While in a harbor, the organization also distributes contraception, does counseling, and provides educational workshops. With the financial support of Mama Cash, a funder for feminist organizations, and other private donors, Dr. Gomperts has transformed her vision into a reality.

Since its beginning 13 years ago, Women on Waves has attracted enormous attention from the news media. It is a testament of their ability to effectively use the press, which has created the myth of a ship of radical feminist abortion pirates constantly circulating the seas and providing safe abortions to women in countries where it is forbidden. While this illusion certainly helps to proliferate their message and their mission, fighting for the reproductive rights of women, this is not exactly the case. Women on Waves is not always out at sea; they have completed four ship campaigns in the past ten years: Ireland (2001), Poland (2003), Portugal (2004) and Spain (2008).

On June 11th, 2001, Dr. Gomperts and her crew embarked on the maiden voyage on the “Aurora” to Ireland, which is the only European Union country where abortion is still banned. However, the Dutch parliament proclaimed that Dr. Gomperts had not received a medical license for the mobile abortion clinic, and that performing surgical abortions at sea would be illegal (Corbett, 2001). Despite this obstacle, the crew opened a telephone hotline in which many women called for help, requesting to be taken aboard. Instead, the staff and crew were only able to disseminate information and distribute contraceptives, including the morning after pill. After returning to the Netherlands, Women on Waves finally gained approval from the Dutch Minister of Health, Els Borst, to administer medication for medical abortion (Mifepristone and Misoprostol) to women in international waters (Gomperts, 2002). This is because very early abortion (up to 6 ½ weeks) is called overtime treatment, also known as menstrual regulation, and it does not fall within the Penal Code.

The second sailing, on the “Langenort”, departed for Wladyslawowo, Poland on June 16th, 2003 after an invitation by the coalition of Polish women’s groups “STER Committee, Women Decide”. Abortion became illegal in Poland in 1993, when the communist state collapsed. Until that time, abortion was accessible to Polish women. The ship’s arrival in Poland

created enormous public interest and political controversy. Very tight security was necessary (more so than in Ireland) as the ship was confronted with violent anti-choice protestors, outraged at the campaign's mission. Nevertheless, through the assistance of police security, lawyers, volunteers (both Dutch and Polish), the ship accomplished their goal of helping many Polish women and creating an enormous outrage. The ship made three successful trips to international waters to give women the abortion pill. The presence of the ship was covered by the mass media in such a huge way that it reopened the abortion controversy in Polish government. A survey completed by the Centrum Badania Opinii Społecznej (official Polish polling bureau) showed there was a 12% increase (44% to 56%) of the Polish population who supported the liberalization of abortion on social/economic grounds after the ship campaign (Gomperts, 2003).

Invited by the Portuguese organizations Não te Prives, Youth Action for Peace, UMAR, and Clube Safo, Women on Waves departed for Portugal on the "Borndiep" on August 23th, 2004. At that time, abortion was illegal in Portugal except in the cases of danger to the woman's life, fetal abnormalities, or rape. A couple months before the ship's arrival, political upheaval overwhelmed Portugal when the Portuguese Prime Minister Barroso was appointed as the new president of the European Commission. On August 28th, when the ship arrived in Portugal, Paulo Portas, the Minister of Defense and leader of the conservative Catholic Popular Party refused them entry. He believed the ship to be a threat to national security, and two navy war ships were sent to watch the Women on Wave's ship 24 hours a day. Despite an official complaint to the European Commission, immediate hearings at the Administrative and Fiscal Court of Coimbra, and an attempted intervention from the Dutch minister of Foreign Affairs, the Minister of Defense's decision could not be reversed (Gomperts, 2005).

Unable to take women on the ship, Dr. Gomperts appeared on the Portuguese morning talk show, SIC 10 Horas, and explained how women can do a safe medical abortion with the

medication Misoprostol, which can be purchased in pharmacies in Portugal without a prescription. She also announced that Women on Waves would publish a safe protocol on their website for how to use the medication Misoprostol for induction of abortion (Gomperts, 2005). And, as before in Ireland and Poland, the Women on Waves hotline proved an extremely useful tool to help the women of Portugal. Even though Women on Waves never did a medical abortion aboard the ship in Portugal, the incredible controversy and public attention of the campaign catalyzed the change in the Portugal abortion law in 2007. Abortion up to the 10th week of pregnancy is now available. The fact that the ship was not able to enter the harbor actually created more of a media scandal than the two previous sailings. Using the media publicity and the internet to educate women how to self-administer medication for a safe medical abortion motivated Dr. Gomperts to set up Women on Web.

Officially registered in 2006, Women on Web is also a non-profit organization. It has separate legal protection and financial support than Women on Waves. This internet operation it has two major components: “I need an abortion” and “I had an abortion”. The “I need an abortion” part is a telemedical medical service that offers an interactive online consultation and then refers women to a doctor where they can obtain safe abortion if they are less than 9 weeks pregnant (and there are no contraindications). In countries without access to safe abortion, Women on Web offers a medical termination of pregnancy (TOP) by mail. Women who are less than 9 weeks pregnant and meet the inclusion criteria receive a package that contains Mifeprisone, Misoprostol, and a pregnancy test (Gomperts, Jelinska, Davies, Gemzell-Danielsson & Kleiverda, 2008).

There is a multi-lingual Help Desk that answers questions to emails 7 days a week. The Help Desk replies to nearly 8,000 emails per month. The goal is to reduce maternal morbidity and mortality that result from unsafe and illegal abortion. The “I had an abortion” component is a

portrait collector for women's photographs and stories from all over the world. On the site, women are invited to upload a picture of themselves and share their abortion experience. The portrait collector internet tool is made available in abortion clinics and conferences. The portraits are searchable by reasons for abortion, type of abortion, feelings about abortion, whether it was legal or illegal, and religious affiliation. Currently, there are 2,175 portraits on womenonweb.org. This cyberspace community attempts to address the shame, social stigma, and feeling of isolation that often accompany abortion.

In the last voyage to date, Women on Waves went to Valencia, Spain in October 2008 on the invitation of over 33 local groups. Abortion is only permitted in Spain when the woman's physical and mental health are endangered, instances of rape, or fetal malformations. Met with local support but also vigilant anti-abortion protestors, a small boat attempted to pull the Women on Waves ship away from the quay on October 16th. After Dr. Gomperts cut the rope that one of the small boats was pulling, the ship was free to dock in the harbor. On October 17th the ship successfully boarded three women, sailed to international waters, and provided them with safe medical abortion. On October 20th, Women on Waves helped one more woman, sailing to international waters to give her a medical abortion. On February 24, 2010 the Spanish senate liberalized the law, and currently abortion is permitted up to 14 weeks into a pregnancy ("Diary Spain,").

The ship campaigns are not intended as a practical, long-term solution for countries where abortion is illegal. Instead, they are meant to provoke media interest within a country and open a space for public debate on the issue. The sailings have proven to do this precisely, as they put the abortion issue immediately on the political agenda and have even led to a change in the law in Portugal and Spain. In addition to the ship campaigns, Women on Waves works with local women's organizations all over the world, training them on the use of Misoprostol for post-

partum hemorrhaging and induction of abortion. They have launched safe abortion hotlines in Pakistan, Indonesia, Venezuela, Argentina, Chile, Ecuador, and Peru. Women on Waves operates under the principle that women have the human right to physical and mental autonomy. They seek to educate women in order for them to make safe, well-informed decisions about their bodies and their lives.



Mobile Clinic on the “Langennort”. Ship used for campaign to Poland.

Retrieved from: <http://www.lifenews.com/2007/04/23/int-259/>



Women on Waves arrives in Valencia, Spain 2008.
Retrieved from: <http://www.rensenieuwenhuis.nl/women-on-waves-and-unintended-polarisation>

VI. Methodology

When I started my research, I intended to use only the methodology of oral history interviews of the women who work at Women on Waves. I wanted to collect their life stories and most vivid memories with respect to their personal roles at the organization. Oral history is a unique method of the social sciences, one that requires the interviewer to understand that the interviewee is going to reveal her own story in the way that she wishes to be perceived. The information from these kinds of interviews is not raw, emotionless facts. They are personal thoughts, beliefs, opinions that are unleashed from memory. Thus, the field of oral history acknowledges that it works within the realm of subjectivity: interviews may not obtain factual “truth” but instead obtain the “truth” from the mind and the personal judgments of the interviewees (Portelli, 1998, p.36). Oral historians also acknowledge their role within the interview and how their presence may influence the outcome of the interaction. However, it has become clear to me that I have actually combined the oral history technique with that of sociological ethnography, in which the researcher is a participant-observer within a target group. The researcher becomes a socially accepted member of the group, participates in activities with subjects, and is therefore able to observe social interaction and behavior of the group members from an intimate perspective.

For the practicum component of the SIT Study Abroad Program, I have been working as an intern at Women on Waves for the past two months. In this time, I have been doing research under the direction and supervision of the founder, Dr. Gomperts. I have observed and participated in various meetings within the organization. On a consistent basis, I was working with four out of the six women that I interviewed. Much of the activities that occur within the organization are confidential to protect and guard the security and safety of the women they help. Thus, even as an intern, these women had to place their trust in me, as I often witnessed or

overheard things that were meant for internal communication only. I feel that in my short time with them, I have crafted my own social role in their community as the eager intern who is constantly intrigued by what they are doing. The social environment of their headquarters office is a small community of people who genuinely care about each other. I believe that my personal role as their intern facilitated more open and honest interviews, as opposed to the role I would have had if I was merely a stranger.

I conducted six semi-structured interviews. I developed an interview guide that I used for each interview with modifications depending on my knowledge of the participant. When analyzing the interviews, I will include a portrait of each subject and then discuss particular themes that emerged. I tried to allow the dialogue to flow freely, and emphasized to my participants that I was particularly interested in hearing their personal stories and experiences. I first interviewed the founder and director of Women on Waves, Dr. Gomperts. I then interviewed the Project Manager and the Project Coordinator of Women on Web. I also interviewed the Core-Coordinator of Women's Wallet, which is the primary funder for Women on Web. She also currently works for Women on Web and has worked for Women on Waves in the past. My youngest interviewee, age 26, is a current volunteer at Women on Web who did an internship at Women on Waves. Lastly, I spoke with the captain of the ship from the Spanish campaign. Three of my participants are Dutch, two are Polish, and one is American. While Women on Waves and Women on Web are two separate organizations, legally and financially, in reality the women work closely together and often collaborate on new projects and ideas. Additionally, I had a conversation with Professor Joyce Outshoorn, whose dissertation is on the politics of abortion in the Netherlands. A seasoned lecturer of the SIT Program, Professor Outshoorn is also a political activist and in the 1970s she was a member Dolle Mina and Wij Vrouwen Eisen (We Women Demand). This renowned Professor and legendary second-wave feminist answered many of my

questions about the process of abortion legalization in the Netherlands. It was also beneficial to speak with someone who does not have an affiliation with Women on Waves. Professor Outshoorn shared with me her views of the development of the organization from an objective, observer's perspective.

When conducting my interviews, my participants were made clear of my intentions. I explained that I was writing an academic research paper on the history of abortion legalization in the Netherlands and with a specific focus on the Women on Waves organization as an activist group within that socio-cultural context. They were also aware my own personal background as an American university student. Therefore, many of the examples that they used to explain things to me were contextualized by my nationality as an American. While English is the first language of only one of my participants, I did not feel that this presented a language barrier. I felt that my subjects were able to clearly and articulately communicate their opinions.

The greatest challenge that I have encountered was trying to establish my own role and voice in my research. While the first section of my paper discusses the development of the legalization of the law, I attempted to present only the facts. I did not want my personal bias and beliefs to influence the way that I communicated this information. However, when analyzing the content of the interviews that I conducted, my personal biases must be disclosed. My project quickly evolved into an in-depth case study for which I was a participant-observer. I consider myself to be a very liberal person as a result of my educational experiences. I have always been pro-choice. When I first read about Women on Waves, I was more than enthusiastic. My personal beliefs and admiration for these women has indeed influenced my analysis of their interviews. However, my personal investment in the work of the organization has not prohibited me from thinking critically and with an open mind. Consistent with the ethnographic approach, my role as

a participant-observer has only enriched my research and has given me access to information that I would not have been able to otherwise obtain.

VII. Outside Perspective

Although Professor Outshoorn is currently supportive by the actions of Women on Waves, she did not always feel this way. She told me,

“When Women on Waves started, doing their first operation, I felt critical... I knew for instance about the Irish situation, knowing the Irish campaign people personally that some of them felt pretty much overtaken and they felt that it hadn't been checked properly with local groups, and they also felt to whom are Women on Waves accountable? I think the critique was well-taken and I think they were much more careful when they did the Portuguese action [...] they took much more care about organizing with local groups. I think they've really managed to shake up things [...] the way they have managed to influence the authority in Portugal.”

Professor Outshoorn's view shows how Women on Waves has grown immensely as an organization. Their activism has been a process of development and it was not a finished product when they initially went to sea. They have shown that being reactive, and not defensive, is the only way to learn and improve for future actions.

VIII. Portraits

Portrait #1

Rebecca Gomperts, MD, MPP, age 45, interviewed on November 2, 2011

I met Dr. Gomperts on September 28, 2011. I came to the office of Women on Waves to see if I could fulfill my practicum requirement by interning at the organization. Before I arrived, I did not think that Dr. Gomperts would be present: I was still under the assumption that she was out on her abortion ship, circling the world. Instead, Dr. Gomperts was working, intensely focused at her computer. Hers was the first interview that I conducted, and I was noticeably nervous at the time. I knew that Dr. Gomperts had become accustomed to being questioned after countless interviews with journalists, radio stations, television shows, newspapers, and magazines. I appreciated her patience and understanding with me. Her answers were not rehearsed and she took my questions seriously.

To take a ship to countries where abortion is illegal and provide women there with safe abortions through a unique facet of international law, once seemed impossible, and even reckless. Dr. Gomperts told me that in the beginning, everyone said she was crazy. However, she is passionate, extraordinarily driven, and brilliant: if there was a way to make this project happen, she was going to do it. After listening to Dr. Gomperts tell her story, it became clear to me why Women on Waves has become such a powerful and radical direct action group. She has been vigilant in her quest on the sea (and on land) to provide safe abortion access to women. But what struck me was how she spoke about the organization through a collective voice, paying homage to the people who have enabled her vision materialize into something concrete.

What are your personal beliefs / opinions on pro-abortion?

“For me, abortion is fundamentally about social justice and the right to autonomy of all human beings. I believe it’s fundamental for our humanity to be able to make decisions about our own bodies and our own lives [...] I think I’ve always been quite progressive in my views and I have always had a very strong sense of justice and rights.”

While it is common to label abortion as a women’s issue on a feminist agenda only, Dr. Gomperts’ phrases her beliefs in a way that is governed by human right’s principles. It is significant that she says that abortion is about “the right to autonomy of all human beings” and not specifically “the right to autonomy of all women”. In this way, she identifies females in the category of human beings, which may seem to be a fairly obvious assumption. However, if females are in fact human beings, as males are, then they are entitled to the same rights and privileges as all other human beings in society. One of the inherent rights of a human being is control and ownership of the body that he/she occupies. Therefore women, as human beings, should also be the commanders of their own physicality. The complete ownership and capacity to make choices about one’s own body is something that Dr. Gomperts has expressed as essential to personhood.

Additionally, Dr. Gomperts is invested in revolutionizing the way that medical abortion has been perceived as a highly medicalized procedure that should be exclusively under the jurisdiction of physicians. The attitude of the medical community, wanting to retain control on the abortion issue, is something that is present in the history of the Netherlands, when doctors were the ones who pushed for more severe, and punishable restriction of abortion by its inclusion in the Morality Acts of 1911. Ironically, Dr. Gomperts is a physician herself, but she fiercely believes that doctors should not dictate the circumstances of medical abortion. For her, it is about spreading a very public message that abortion is something that women have the physical and mental capacity and human right to do for themselves.

“You don’t need to be a surgical practitioner at all. I mean a pill, which is inducing a miscarriage it’s something that general physicians, midwives, nurses can do. There is no reason at all that it should be a doctor. So it’s interesting how all these organizations are still so much lacking behind the reality of a lot of abortion services, and also trying to block it because with surgical abortions they are needed to do it. And so when it is medical abortion, they are suddenly not needed so there is a lot of resistance to medical abortion for that reason because it takes away their income, basically... medical abortion now in the Netherlands is like in the U.S. - only the past ten years. It started here in 2001. It was also registered in the U.S. at that time. It has caused tremendous change for the reality of women but the professional groups have not caught up yet. They are still working as if surgical abortion is the only option.”

According to Dr. Gomperts, the sovereignty medical abortion is deeply connected to power of the medical community and their monetary stability. Removing doctors as facilitators or intermediaries in the process of abortion diminishes their control, and instead puts the authority in the hands of women themselves. Endowing women with this power, the power to make their own decisions about their own bodies, is an ideal that is central to the feminist perspective.

I later shifted the interview to ask some more personal questions and inquired how Dr. Gomperts feels about the fact that she has been called a “dangerous woman” and “the abortion pirate doctor”. It was in the way in which she answered this question that made me realize one the key factors that has allowed her to accomplish so many seemingly impossible feats: she has

always remained grounded and true to herself. Her self-perception of her mission has not been distorted by all of the media attention and publicity that she has attracted. Negative criticism and press do not seem to faze her.

“They have called me worse things- like that I have blood on my hands and that I am a murderer... So I think the pirate one is actually quite nice [slight laugh] I don't mind that. So it is a personal answer to a personal question- I have been working now for 13 years doing this. There is a disconnect of my own personal motivation, and my personal feelings and everything that happens in the outside world: whether it's press or people that are against what I do, or even people that support me, although that is more important [...] because I have a very strong internal drive for what I believe in and what for me are really fundamental issues about my being a human person and to want to participate in a more just world. And so the names that are called... it's like, even when people say that I am hero, it doesn't reach me. Because that is not what I am, what is me. I am a person, like anybody, which I really feel. I need love, I need care, I need food, I need to be able to break down, I need to be able to be very happy- like everybody.”

For someone that has done so much, who is an international model for radical feminist activism, Dr. Gomperts expressed to me that she is very simply a determined person, fighting for something for which she is extremely committed. She has not become blinded by fame, or changed by external influences. Her internal drive is so strong and focused that nothing can stop her from sailing through potentially dangerous waters.

Dr. Gomperts also does not just credit herself for what she has accomplished, and explained to me how other people have been instrumental to her organization. When I asked her if there was one person in particular, she said no and that there were many, many people who played important roles. She did however credit Marjan Sax, as her mentor and the person who taught about non-governmental organizations (NGOs) and feminist organizations before she even knew that they existed. Sax, the founder of the feminist funder organization, Mama Cash, which supports Women on Waves, is herself a radical feminist. A former Dolle Mina and member of Wij Vrouwen Eisen, she was one of the leaders of the occupation of the Bloemenhoeve Clinic in 1976. It was interesting to learn that Dr. Gomperts considers Sax to be her mentor in an age when there is often contention or misunderstanding between different generations of feminist activism. Dr. Gomperts is fighting for the same reproductive rights for women in 2011 that

prompted Sax to break the seal, and physically occupy a second trimester abortion clinic in the 1970s. While Sax's actions helped to catalyze the liberalization of the law in the Netherlands, Dr. Gomperts now seeks to incite that same freedom for women in countries that are currently restricted.

She also spoke of a Princeton professor who taught her the valuable skills of being a professional, speaking with the media, networking, and writing a grant proposal. In recalling these influential people, she mentioned Dr. Gunilla Kleiverda, who has served as the gynecologist on the ship for each ship campaign and works to promote Women on Waves through her own role as a well-known Dutch physician. Dr. Gomperts said,

“...she [Gunilla] was willing to support it even though it was wobbly and things went wrong. We had so much criticism and she just did it. She is such a beautiful, radical person.”

Additionally, Dr. Gomperts spoke of Kinga, one of my other interview subjects, who came to her at the perfect time, when Women on Web was being created. She reminisced how once she set up the bare minimum for Women on Web, Kinga has been able to make it grow incredibly, mobilize people, and present it abroad. She recounts that all of these influential people have actually come to her; she did not have to search for them.

“[...] people really believe in this and they think it is important that women are able to make decisions about their own life and that they don't need to die for it - and that they do not need to be ostracized or put in jail or to feel lonely or to feel ashamed. I think all these people have a really strong sense of justice.”

Also integral to Dr. Gompert's organization is her own story as a woman, and now a mother of two children. While she does not feel that because she is a woman she is better able to help other women, she does acknowledge that her gender is relevant to her work:

Do you feel that being a woman makes you have a different connection or investment in reproductive rights?

“Yes, I do, because I think I have experienced the same fears as other women have and I've experienced the same doubts and needs and I know what it means to have children. And how much of a life changer that is, for the good as well as when you don't want them, for the bad. And of course it is always up to the woman to prevent herself from getting pregnant because it is not

happening to men. They don't have to give birth, they don't have to die from giving birth; they don't suffer from the tremendous awful pains [laughs]. I remember how shocked I was when I gave birth to my first child... and then I remember that when she was born and suddenly the father went to his work, and I was there with the baby. And it was suddenly me and the other person. And it was lovely, but it was also... I had realized the difference in the kind of attachment and what it means for a woman to have a child."

Becoming a mother appears to be something that has only enhanced and enriched Dr. Gompert's work in reproductive rights. Female reproduction is not simply a biological act. It derives a social script of acting female, becoming pregnant, and being a mother. All of these acts are carefully socially constructed roles that women may assume. Theorist Judith Butler would claim that all of these scripts are part of the performance of what it entails to occupy the female gender. It is often argued that women who are pro-abortion would change their stance if they themselves had a child, and completed this sequence of social demands. However, this is false. Having her own children has made Dr. Gomperts personally experience the vast importance of bringing children into the world who are wanted and who are loved. She understands maternal care and formation of secure attachment from her personal experience. In this way, it seems that she can then better identify with the needs and desires of other women. While working for an issue from an objective standpoint is not problematic, it also may be additive for an individual's perception when he/she can draw upon subjective interaction and specific moments.

Prior to having children, Dr. Gomperts once had an abortion herself and has made this a public fact through the portrait collector tool of the "I had an abortion" page on womenonweb.org. She told me that shortly after she started Women on Waves, she had mentioned her abortion in an interview. Her personal experience was immediately used to psychologize her work. She said,

"[...] like that [my own abortion] was the reason why I was doing what I was doing because I have had an abortion myself and I didn't come to terms with it [laugh]. So I think that was really good lesson and I thought I shouldn't talk about it because it's immediately used as an excuse to take away all of the other, real drive let's say."

It is evident though that Dr. Gomperts changed her mind at some point, since her own face is now on display on the site. In response to this she told me:

“...I feel that I am really one of the women that had an abortion. It’s such a common practice and I think that the shame and the hidden aspect of abortion is what makes it illegal as well. So I think it is very important to come out for it. Every woman should do it because it is also a way to connect to the issue. Because you also hear stories from other people and if you never talk about it you have no idea *who* it actually affects...I think it is more important to break the shame and to be open about it than to keep it hidden.”

Dr. Gomperts understands the shame and stigma that are universally associated with having an abortion. Public awareness of the issue is extremely crucial to mediate these deeply embedded, damaging social standards. And, acceptance can only be achieved if women do actually speak out and share their own stories. Only through creating a community of support and openness will abortion become more normalized and begin to move away from the moral judgment of restrictive governments and societies. Dr. Gomperts refers to abortion being illegal due to the clandestine social taboos that are attached to it. It is apparent that abortion, while a seemingly narrow medical topic, is actually quite the opposite. It is a social justice and political issue as much as it is a medical one. The fact that Dr. Gomperts has this awareness, that it is such a multi-faceted issue, is essential to the work that she does and to the communities of women that she is able to help.

Dr. Gomperts also spoke about how the right to abortion is an issue that is always going to be relevant and deeply contested:

“Abortion is not an issue like gay marriage where at some point it’s settled. It will always be a zone of conflict, always. So we always have to keep so vigilant about what’s happening. Also here in the Netherlands they constantly try to turn around the law, to restrict it, to make it less accessible. It never advances it always goes back.”

The Netherlands does have abortion access, but Dr. Gomperts raises a very important point. All political parties even in a society that is considered to be liberal and tolerant, like the Netherlands, will never openly embrace the legalization of abortion. The implementation of legal

frameworks that support the right to safe abortion access is a topic that may forever remain. Even though Dr. Gomperts and many others view abortion as a basic human right, a large population of the world holds a different view.

Lastly, Dr. Gomperts talked about the ship campaigns as a large-scale public message for women everywhere. The reality is that medical abortion can be made accessible in many countries, where the law may still restrict it.

“The ship campaign is about creating awareness. But I think actually now, its message is really, ‘girls, there is medical abortion out there and you can get’. And so the legalization in Portugal...I think also there it was really important because the hotlines started in Portugal. When the ship couldn’t sail in, that was when we started the real hotline and it was actually continued until abortion was legalized in Portugal.”

The idea for Women on Web derived from the Portugal ship campaign in 2004 when the ship was forbidden by the Portuguese government to enter the harbor.

Portrait #2

Kinga, age 32, interviewed on November 3, 2011

Kinga works as the Project Manager for Women on Web. She has a huge role at the organization because she develops and supervises many projects, ensuring that they run smoothly. However, when I asked her about her office job titled she said, “... I’m sort of a boss, but I don’t consider myself a boss *at all* and never did”. This statement directly reflects the non-hierarchical structure and environment of individual responsibility that is present at both Women on Web and Women on Waves.

Kinga was born in Warsaw, Poland and used this fact as a platform to explain why abortion is an issue that has always been present in her life. Before 1993, abortion was legal and accessible in Poland. When the communistic regime fell in 1993, the Pope, who at the time was Polish, aided the opposition movement. Kinga explained that the government who then came to power de-legalized abortion, a purely political statement, as a form of repayment to the Vatican who had supported them. They did so without consulting women. Kinga told me that Poland is

the only example worldwide of a country where abortion was totally accessible and then went completely underground. She also revealed she was not aware of all of this when it was actually happening because she was a young teenager and it did not yet apply to her own reproductive health.

When Kinga moved to Amsterdam in 2004, she began looking for jobs in the non-profit and media and culture sector. Women on Waves was looking for Polish speaking volunteers at the time. It was also a period in which Women on Web was in development, but was not yet on the internet. After working as a volunteer, Women on Web became her full time employer. Kinga revealed that she knew about Women on Waves because she was living in Poland when the ship sailed there in 2003. In her words, “The boat campaign in Poland was such a huge scandal...It was not possible not to know about it from my generation”. Since she has grown up in a conservative, Catholic country where abortion is still illegal, I was curious how Kinga had arrived at such an adamant perspective of pro-abortion beliefs. In her studies of cultural anthropology, she told me that she learned to see everything as relative. According to her, she learned to “ see things as cultural patterns as not as okay this is how it is, this is reality- because essentially there is no reality”. When I asked Kinga more explicitly about her personal beliefs on pro-abortion, she answered:

“Because I think it is a very basic decision of a woman about her body and I truly believe that it is only her that can do it. I absolutely do not understand aggressive people that have the guts to say that they have the authority over someone else’s life and body ...I think the issue is actually much, much broader because it is about autonomy, and about your body and about if you can make decisions about it or not... You can extrapolate it also to other decisions in your life and then it starts to be a like really an ideological theme... To be honest on that level of discussion, it is really difficult for me to be friends with people that are drastically and principally, anti-abortion who keep with this argumentation that they have the moral supremacy to decide over somebody. I just think it is impossible to take such a stand.”

Here, Kinga explains her perspective in terms of the physical autonomy, which she believes women should have. She also raises the point that the physical autonomy is simply a gateway to

overall autonomy that all individuals should have. For her, anti-abortionists are individuals who operate on a principle of “morality” and attempt to control the lives and the bodies of others. The attempt to control someone and make decisions about their body for them is something that repulses her, and she was direct in expressing this opinion. Kinga’s view of what constitute basic human rights is deviant from the overwhelming majority of the society in which she was raised, so I was intrigued by how her Polish friends and family react to her current job. She explained that some of her friends are confused and never ask and some of her family does not even know what she does. However, she also said that some of her Polish friends have become more active on the abortion issue. Even though abortion is illegal in Poland, Kinga does not hesitate to explain her job:

“...I try to be very provocative. And I like that sort of provocation and putting people in situations where they have to take stands and I think it is good for them also because it is so one-sided, the discussion in Poland... In Poland, it is really very hidden. It is more of a class issue and social justice issue. The women from my social circle would go to the doctor... There have been quite a few friends who have confessed in me they knew what I was doing. People who I think would not have ever told me about their abortion experiences if they did not know they could trust me because I help women and I completely understand the situation.”

While Kinga largely does not have support from her native country, she has become a resource for people who she knows that are still there. Her work has opened up a safe space for women who otherwise would be isolated with their abortion experience. As she has become an outlet for women she knows in Poland, she also explained that when she travels globally, many women also experience this same relief that they can speak about an issue that is a social taboo. She said,

“... I found for the people in Africa and South Asia, for the activists and women’s groups it is very refreshing and very, like a moment that they can really breathe out about the problem. Because there, the problem is so visible. There are all these women that die or suffer complications. It is crazy because if you go in such a workshop [run by Women on Web in collaboration with local organizations] and ask them if they know someone who has died, died not even suffered, but *died* of unsafe abortion basically you have all hands up. And it is an incredible feeling because it is such a complete misery and tragedy that all these people experience daily.”

Kinga’s words here reflect Dr. Gomperts assertion that the shame associated with abortion is something that also makes it illegal. Shockingly, even in countries where abortion is a large,

contributing factor for maternal mortality, and in communities where this is no secret, it is still something for which women feel they cannot speak openly.

When I asked Kinga about how her connection to reproductive rights is connected to her being a woman, she explained that she sees abortion as an act that is inextricably connected to politics.

“I think it is a political thing for women to stand up. I think that basically advocating for safe abortion and *having* an abortion is still really a political act. And I think women have to be involved in this... I really actually believe that women are the best advocates for abortion. Because it is always the testimonies and the personal stories, it's not you know the public health figures, and there is one in three hundred, or one woman dying every 10 minutes. It is shocking, but these are just figures. When there are stories of women, of concrete women, it really speaks so much more.”

The portrait collector on Women on Web is a tool that works through the method that Kinga emphasizes. It shows the faces and stories of real women who have had an abortion and are coming out about it, in an attempt to remove the shame and secrecy of this action. These women are not merely statistics; making their story public does make it something political. Additionally, Kinga expressed that she feels that a mistake of the reproductive health movement has been to de-politicize abortion, in an effort to give women more privacy. She conveyed that, strategically, this was not a good decision. She told me,

“Because what happened in Holland for example, women have no idea about abortion worldwide. They just take it for granted: this is how it is. So if we have crazy right-wing parties that want to restrict abortion there is not really a response from women because no one in this country is really thinking that it can change. But it can... I think it is really important that this reproductive health movement becomes really radical and political again. Like, you know, anarchist feminists [laughs].”

I got the impression that she was talking about the younger generation of women in the Netherlands who see abortion as something that has always been accessible to them. She stressed the importance that the reproductive health movement must be re-energized through making it radical. Only by bringing the abortion issue onto the political agenda can legislative liberalization occur. Kinga's point of radicalizing and politicizing this movement has been acted

out historically in the Netherlands during the 1970s through the direct actions of second wave feminists such as the Dolle Minas and Wij Vrouwen Eisen. When abortion clinics themselves seemed to have settled for the law remaining unchanged, these groups waged war and completed large-scale demonstrations to politicize the abortion issue and attract attention from the government. Continuing with this notion of “radicalism” Kinga said,

“... I think it’s still, worldwide, it is an extremely radical stance to say that women can decide about their bodies. I still feel it is radical. For me, there’s nothing radical in it. But it’s still seen as radical because it comes from basic mistrust that women cannot control themselves. And that it is better if they are controlled, for all sorts of political and sociological reasons ...But I don’t think it’s [violation of women’s rights] gone at all... All my western friends who say feminism is dead because you know we already fought for it and got it all. It’s just not true, so much not true.”

Kinga conveys that a women’s autonomy over her own body is still largely perceived as a deviant and rebellious idea. She frames her thoughts from a feminist perspective, from the very basic assumption that women do have the capability, and the human right, to control themselves. She knows that historically, patriarchal governments and hegemonic institutions have taken personal control away from women, not believing and not wanting them to have power. Her pragmatism is apparent when it seems she is mostly talking again about the younger generation of liberated, Western women. Their view is narrow, their experience with inequalities of power almost nonexistent; they do not have an awareness that other women in other places of the world do not share their rights. Women on Web is a direct action in itself by referring women to obtain a safe abortion, sending the actual medicines to their location, and displaying the pictures of women trying to publicize the topic. Kinga explains about the origins of Women on Web after the Portugal ship campaign:

“... the whole strategizing started to facilitate the requests from women that were actually begging Women on Waves in that time, could you actually give me those medicines. And It breaks your heart because you feel like they should have access to this medicine it is their human right, it is an essential medicine, it is safe, it’s effective, and there is no reason why women in the Netherlands or in the US or Sweden can have this access and women in Brazil or in Poland or wherever can’t. Again, it is a question of justice so then Women on Web was created to facilitate this need.”

Women on Web is for women, incited from a large outpouring and response from women. Kinga was willing to share her thoughts with me. She told me that these kinds of conversations, talking about the work, are important and she was happy to help me learn more about her own story.

Portrait #3

Ivette, age 36, interviewed on November 13, 2011

Ivette works as the core-facilitator for Women's Wallet, a foundation that financially supports Women on Web and funds many of their projects. She became involved with Women on Waves in 2003 when she was asked to be involved in the ship campaign to Poland because she speaks Polish, English, and Dutch. Although she has been living in the Netherlands for 18 years and now has Dutch citizenship, she was born and raised in Poland. In 1993, shortly after the fall of communism, Ivette moved to the Netherlands. Due to her participation in anarchist groups in Poland, she felt that she had to leave or that neo-Nazis might kill her during this time of political chaos. She explained that she also left because she could not evolve or develop as a person in the environment of Poland, where she had to struggle against Catholic nationalism. When I asked her what motivated her to join Women on Waves and sail to Poland she said,

“The same reason for which I left... This gave me the opportunity to fight against and struggle for what I believed already back then but I didn't have enough back up from more people. And it empowered me to go to Poland as kind of an outsider because I didn't live there for many, many years. So I already perceived myself as a person not from there. I'm detached from the things that happened there. But nevertheless, it is the country that I was born in and what's happening there is a kind of secular state, yet completely governed by the church, well not officially governed, but the Church having immense influence on the politics in Poland- I think it's outrageous. And to go on a campaign like this is one of the possible actions to challenge this and to give space for reflection, and to make the discussion possible- a wide, public discussion.”

On her voyage back to Poland, Ivette perceived herself as no longer part of that country but at the same time she feels a deep connection to it. The sailing seemed like a kind of revenge. Ivette left this country because of the corrupt connection of the church and the state that restricted her own freedoms. Instead of forgetting about this struggle, and repressing these feelings of frustration and injustice, she transformed her past experience into something productive and

powerful. She returned to Poland energized, inspired, and excited to call attention to unsafe and illegal abortion and place it on the political agenda. Additionally, the Polish campaign was the first in which medical abortions were actually performed on the ship. For Ivette, this direct action was extremely important. For her, the Polish campaign has been the most successful. In her words:

“... we showed the whole world that we can do it. We can do it with a clinic, on the sea, and then come back safely to the harbor, which is exactly how it should work.”

Like Kinga, at the time that abortion became illegal in Poland, Ivette was not aware of it. She explained to me that the tremendous reversal of the law in Poland was a political move for the church. The church was aiding in the fight against communism, uniting them with the desire from most Polish citizens. She claims that even if people were against the change in the law, they still needed the support from the church at that moment.

When I asked Ivette about her views on pro-abortion she also spoke about the situation in the Netherlands. Even though the anti-abortion movement does not have an overwhelming occupation, they are nevertheless present.

“...there are groups who try to make it difficult for women... organize manifestations in front of clinics and push little fetuses into the hands of women who try to go into the clinic and I thought this is a supposedly liberal country- I think this one of the basic human rights or women’s rights the access to abortion and I think this makes me even more charged to be pro-abortion... it is an issue close to my heart because it is important, as a woman, to have the opportunity to decide about your own body. And in opposition for male bodies, for example, from viagra many more men died than from medical abortion, yet viagra is not illegal. People use it throughout the whole world. And I’m not saying it should be illegal because people are benefiting from it... but just to have this equal balance, and not to discriminate one sex against the other.”

Ivette was my only participant who made a comparison between the access to medications for men and women. Although Viagra and Misoprostol certainly have different functions, they are both medications that are used for reproductive and sexual health. Ivette speaks from the feminist perspective with a desire to elevate women to the status of men in society. Raising the issue of

Viagra is a unique angle. She advocates for the empowerment of women, but also for them to be treated and respected in the same way that the men currently are.

Portrait #4
Roxy, age 39, interviewed November 22, 2011

Roxy is the project coordinator for Women on Waves and Women on Web. An American, she grew up in the District of Columbia. Before working for these organizations, Roxy had a history of interest for power inequalities, personal autonomy, social justice, and gender issues. When she was living in Barcelona, she was working at a feminist radio show on a pirate radio station. In searching for news that was relevant to gender and women's issues, the show started to follow the actions of Women on Waves. Someone who worked for Women on Waves even came to Barcelona to do an interview on the show. Roxy acknowledged that abortion is a very difficult issue to approach. She cited topics that the environment or poverty are considered by most people "worthy" to pursue. However, she explained that there is debate on whether or not abortion is even a valid issue with which to work. According to Roxy, it was hard to find good news about feminist issues for the show, but Women on Waves proved to be an exception. In her words,

"I thought the organization was coming at it [abortion] from a very powerful and positive angle... I was also inspired by the way that the organization worked: a combination of the direct action and originality."

In 2006, Roxy was going to leave Barcelona, but she did not want to move back to the United States. She decided to move to the Netherlands and see how she could participate of Women on Waves. She also had a scholarship, so she studied at the gender program in Utrecht. Starting as a volunteer at Women on Waves, she was enthusiastic to help in whatever way possible. Eventually her work at the organization became her full time job. She told me that when she started,

“...it wasn’t about making a living at all. And it still isn’t in a way. I have to somehow survive [laughs]. I would be doing this no matter what- even if I had another job I would try to figure out some way to work on this.”

For Roxy, her commitment and interest in the organization that began in Barcelona has brought her to her current life in Amsterdam. Unlike Kinga and Ivette, who come from a country where abortion is illegal and highly contentious, Roxy has always felt supported by her friends and family for her work on abortion. I was intrigued by the way that Roxy categorized Women on Waves as a foundation:

“The organization was public enough that it seemed to feel accessible to people. But sort of small and independent and autonomous enough that it can break the rules when it needs to, like take more daring actions and not be constrained by the institutional ties that many organizations have that can be very paralyzing.”

From her perspective, Women on Waves has maintained a crucial balance as an activist, non-governmental organization. They have attained enough media attention and have created the public awareness needed so that women know how to access their services. At the same time, as a group, they have maintained their autonomy. Their ideas, strategies, and projects are not limited by any governing authority in a way that would restrict the radical aspects of many of their plans.

Also in the interview, Roxy spoke about the collaboration and partnerships that Women on Waves makes with local groups. One recurrent criticism of Women on Waves is that they practice a type of neo-colonialism. They are a group of primarily Western women, sailing to countries where the cultural ideology of abortion is very different than in the Netherlands. They have thus been accused of trying to impart “liberal Western views”, by making abortion accessible to women in countries where access is restricted. They have also been accused of doing this without the full support of local groups. Roxy said,

“It’s one thing to be the organization that comes from outside, from someplace where abortion is supposedly guaranteed to be accessible and generally accepted societally. It’s very different to be that organization than to be the one that’s going to be there when the boat leaves and that’s going to have to keep campaigning”.

Cultivating a strong relationship with local groups is a fundamental part of the strategy of Women on Waves. They are not reckless neo-colonial radicals. Instead, they are women who believe that women everywhere have human rights, and they want to be able to help them exercise those rights. Roxy acknowledges that it is only through the continued work of local groups that their own mission can be accomplished.

Portrait #5
Danielle, age 26, interviewed on November 28, 2011

Danielle, the youngest participant in my study, is currently studying for her masters in international public health policy in Amsterdam. She was born in Utrecht and has lived in the Netherlands for her whole life. While she was completing her bachelors in health sciences, Dr. Gomperts came to give a lecture to her class. After the lecture, Danielle was so inspired that she approached Dr. Gomperts and asked her if she could do her internship for school at Women on Waves. That was nearly two years ago. Danielle now works as a volunteer for Women on Web and serves on the English and French helpdesk. Growing up in the Netherlands, and being born after the legalization of abortion, Danielle told me that she had never thought about what it would mean if abortion were not legal. It was not until her lectures for school in which global maternal mortality was discussed that she became aware of the situation of women in countries where abortion is illegal. This is how she initially became interested in the abortion topic. Her Dutch origins have shaped her perspective on this issue. She told me,

“... for me, it is really normal that you can have an abortion, here in the Netherlands... To me, it is really ridiculous that there are so many women dying just because they have a pregnancy that they don't want... my basic thought is that women should just not die because they want to have an abortion... Women have a right to make that choice if they want to continue a pregnancy or not. If they chose not to have a pregnancy, they should not be risking their lives for that.”

Danielle's speech is highlighted by the accessibility of abortion in her native country. It is a simple and even automatic thought process; legal abortion has always been the status quo for her. A woman's choice about her body and her ability to exercise that freedom is something that

Danielle assumes to be unquestionable. I found myself able to identify most strongly with Danielle's logic. I am only six years younger than Danielle and I was also raised in a country where abortion is largely safe and available. Similar to Danielle, unsafe and illegal abortion are not things that I feel the impact of in the country of my birth.

Danielle has always lived in a society, where as a woman, she is free to do what she wants. But this does not diminish her understanding or commitment to help women have access to safe abortion. Rather, from the position of an empowered woman, she uses her own freedoms to help women who are not granted these same rights. When I asked if there were any downsides to her position at the organization she said,

“Well, I am addicted to it. So I am spending a lot of time, but that is not a downside to me. I really enjoy it and if I didn't want to do it I could stop.”

She conceptualizes Women on Waves as an organization that provides women with essential information. Although this public information is often censored, debated, and restricted, it is integral for a woman's ability to make her own decisions. Danielle said,

“... I think not any other organization dares or wants to do anything like this... giving awareness and giving women possibilities to find ways to save their own lives basically.”

She states the organization's mission clearly: it is giving women the resources to keep them alive, healthy, and safe.

Portrait #6

Myra, age 61, interviewed December 1, 2011

Myra has a unique role at Women on Waves. She served as the ship's captain for the campaign to Valencia, Spain in 2008. Born in Curacao, she later moved to the Netherlands with her family. Her father was a sailor and taught her how to sail at the age of eight. Her mother, raised in a social-democratic family had already demonstrated against injustices. Myra was raised in a Socialist family herself and told me,

“I grew up with the idea that you had to try to organize the world in a better way- more equal, more social, and you have to fight for people who cannot fight for themselves.”

Her words are powerful and direct. Instilled with a sense of justice and equality, Myra has been working in youth care with children and families for the past 25 years. She owns a consulting firm for the prevention of child abuse, which she started 10 years ago. Her firm advises the government, civil society, and organizations about how to prevent child abuse and how to act in the appropriate way in the event that children are being abused. It also became apparent how abortion is directly connected to Myra’s work with abused children,

“I was placing children in foster homes so I met a lot of families and a lot of mothers who had had a baby in a very unwanted situation where they should not have had a baby if you look at it afterwards... I could also have my arguments about children should be born wanted and not because the mother has been raped, or was desperate for love, or didn’t have money to buy preventative measures.”

Myra has seen the after effects of children who are born into the world without a loving parent who have the emotional or physical resources to be a competent caretaker. She believes that abortion is principally an issue of freedom and a woman’s right to choose. Although Myra knew about Women on Waves, it was not until 2006 that Dr. Gomperts called her to see if she wanted to be a board member of the organization. This was by no means her first experience with radical feminist activism. In 1975, Myra joined Wij Vrouwen Eisen and became a very active member. Since Wij Vrouwen Eisen was a collective initiative of the women’s movement, it was comprised of women from different political parties. In an effort to keep political affiliations separate from their actions, Myra explained that they always had a woman from the independent party be the spokesperson. Since she is an independent, Myra became one of these spokespersons for the press and told me that this is where she received her media training. At that time, she was employed as a social worker for an organization. The board of the organization had given her a car, which she needed for her job. However, Myra also used the car to lead large-scale protests of Wij Vrouwen Eisen. She explained,

“I was one of the women who had a car, which was very special for those days because most women didn’t have a car... so, whose car was driving at the front of the demonstration? Mine... I was always driving and had these 10,000 women behind me and with speakers on the top of the car... and that was shown on television because you saw the whole demonstration and you saw me in the car in front. Suddenly the board from my work said, ‘Why would we give Myra money to buy a car? She is driving with the car in front of a demonstration?’ [laughs]. And then, my boss, the director, she was a very liberal feminist woman also, and she said a social worker means you do social things. And Myra is one of our social workers who does that. So, let’s leave this issue.”

Myra has been a consistent and forceful presence in the women’s movement for abortion rights since the 1970s. Myra reminisced that cruising in her car, as the leader of a mass protest, attracted the attention of the press and also may have upset the board of her organization. Nevertheless, with the support of another feminist in a powerful position, Myra was able to drive on, and represent Wij Vrouwen Eisen. Thirty-three years later, Myra was sailing the boat that she owns with her partner, a 12.5 aluminum yacht, in the south of Spain. She received a phone call from Dr. Gomperts asking her to venture to the Mediterranean because the women’s groups of Valencia were requesting Women on Waves to sail there. Myra and her partner made a joint decision to follow this plan and sailed into the harbor of Valencia. It was August, and they both needed to get back to work in the Netherlands, so they left the yacht in Valencia, and would return to it in October for the campaign. As the time of the campaign approached, revealed how the initial plan for the boat changed:

“Before we left to go to Valencia we saw on the internet that there were a lot of anti-abortionists who started to say everyone with a boat has to come to Valencia to block the harbor entrance so this awful boat of death cannot enter the harbor- they didn’t know that we were already there. We had intended to go out of the harbor and then enter the harbor with big noise and everything but then we thought okay, we will be the Trojan horse. We are already there- nobody knows. But the women’s movement in Spain they were already anxious and they were saying, but how are we going to do this? They also didn’t know that we were already there... at the end we said don’t worry it will be alright, but we didn’t tell them that we were already there.”

Myra expressed this to me with clear excitement. Using the Trojan horse model was a genius strategy that had emerged at first unintentionally. However, once they realized that all of the boats attempting to block their entrance were on the other side of the harbor (Myra drew me a

sketch to show this), they stayed in the marina and waited for a call telling them that all of the press had arrived. Myra recalls,

“So you can imagine how we felt. It was really very, very exciting. So we were there on the boat, drinking coffee. And you couldn’t see anything on the boat. The banners were on the boat, but not visible yet. We could just raise them and tie them. And we had big flags, which we could raise immediately as soon as we would leave the marina. But we were sitting there waiting and suddenly we saw a helicopter going from the city to the sea and back, from the city to the sea and back. They were going out to see where is this abortion boat...But they couldn’t find us. Then there was the boat of the Guard of Seville, and everytime they passed us, so ‘Hello’ [they politely waved to the guard boat]... And we were just sitting, drinking coffee preparing everything... and no body expected a sailing boat. In Portugal, in Poland, and in Ireland, there was a big boat with a container [the mobile clinic] on deck. And this time we said we don’t need a container, if you give somebody the abortion pill you don’t need a container. You don’t need a gynecologist or a room. You just need a glass of water and a pill. You can do it outside, inside, at your home, also on a sailing boat.”

Using a yacht, without bringing the mobile clinic that requires a much larger ship, enabled Women on Waves to conceal their identity until the very moment that they unveiled their banners. Myra describes that as the security to prevent them from entering grew, they all sat comfortably already in the marina, waiting for the perfect moment to disclose their identity. As soon as they moved a short distance to where lots of supporters and anti-abortionists were located, a small rubber dinghy with two men approached them. They told the Women on Waves crew that they were not allowed to moor in the harbor and they that they had to leave. Myra and the crew refused the request and continued to moor the ship and meet the crowd. She then described what happened next:

“...we were so busy greeting everybody that we didn’t see those two boys untying our ropes and they tried to pull us from the shore. So we threw one rope ashore so people could try to prevent it, but they were too powerful...Then I put the motor in reverse and my motor is much stronger than a little rubber dinghy so then the line was really very tight between the one boat going in front and the other boat going backwards. Then Rebecca said, she had a very smart dress on and bare feet and she said, ‘Do we have a knife?’ and then we gave her the knife, which we have always in the entrance of the boat in case of emergency, well, this was an emergency. And she got the knife and she did like this [makes a single gesture of a quick slash], and the rope was gone and the little dinghy was thrown some 50 meters further and we could moor again... that was really great because all the press was filming”

Myra’s experience conveys the tension and joy of this particular moment in the collective history of Women on Waves. This moment illustrates their perseverance and determination in the face of

adversity. The yacht was being physically pulled from the shore. However, they did not let this stop them. With a simple slicing of the rope, they were free. Since Myra is a seasoned expert on executing direct action plans, I asked her to elaborate about what she was feeling on the boat when all of this was happening:

“...with these kind of things I get a kind which is helpful which makes me very sharp, my thinking very sharp, and which makes me make sure everything is in the right place, everything is organized, everything is prepared, we don't forget anything. Then in the moment itself, I am calmness... what is really important is that you are not afraid, and that you show that you are not afraid. You show you are a sensible woman who knows what she wants and is fighting for a good cause. I think that is very important: those ingredients. Don't start shouting to people; be polite. If someone shouts to you, you don't shout back. You stay polite, but you go on with what you want to do...you don't say oh, we are not allowed to moor here, oh help... it is the same feeling [to when she was driving the car for Wij Vrouwen Eisen]. It is also a good feeling that you are with so many women together. It gives a very warm feeling of solidarity. If you see the Spanish women standing there and being so glad that you are there, and support them. And when they come aboard you embrace each other even if you don't know each other.”

Myra emphasized that when the action is happening, she maintains her strength and pragmatism. Acting as a “sensible woman” is central to maintain composure and to be perceived as legitimate. Her words again remind me of Butler's concept of gender performativity. An individual's gender is a social construct in which she must “play” the role of gender to be perceived by others as being part of that gender. Myra explained that for the action to work successfully, it was essential to display an attitude of cordiality. Politeness or timidly are attributes endowed to women. If she was able to maintain composure and grace, as a proper woman should, then Myra would a status of validity. Only once this status is obtained can it be subverted. This means that a performance of gender to appease societal standards may be necessary but that once this is established, a woman can continue on her mission, as Myra did.



Dr. Gomperts holding the knife that she used to cut the rope that the two men had attached from their dinghy to the Women on Waves ship, 2008.

Retrieved from: <http://fuckyeahchoice.tumblr.com/post/7165694212/redzingara-women-on-waves-founder-rebecca>

IX. Thematic Trends

A. My Body, My Choice

All of the women that I interviewed expressed their personal beliefs and opinions on pro-abortion. It became apparent that they see abortion as an issue of personal autonomy and control. They conveyed that a woman, like any other human being, has the right to bodily integrity and the ability to make choices. What became apparent was that they framed the choice of whether or not to abort a fetus as one that belonged solely to the woman herself, and not to external authorities or institutions. The words “decision”, “choice”, and “basic right” appeared frequently. These women perceive reproductive rights to be synonymous with fundamental human rights. There should not be a difference between the freedom of speech and the freedom for ownership over one’s body. Here are some of their responses:

Myra: “...it’s about freedom, the right to choose for women.”

Kinga: “I think it is a very basic decision of a woman about her body and I truly believe that it is only she that can do it.”

Ivette: “I believe it is one of the basic rights for women to decide. And I believe that there shouldn’t be any government deciding about this and especially not a government who claims to be a secular government and in fact is completely triggered by whatever religion is behind...”.

Danielle: “Women have a right to make that choice.”

Redefining abortion under the ideal of personal autonomy and control is exactly the tactic that the Dolle Minas and Wij Vrouwen Eisen used to place abortion on the political agenda of the Netherlands in the 1970s. Danielle, 26, expresses her beliefs in almost the same way that Myra, 61, has done. Although these women are separated by many years, they hold the same position

on this issue. The activist work that Myra participated in with Wij Vrouwen Eisen catalyzed the change in the law in Netherlands so that when Danielle was born, the right to abortion was in fact legal. While younger generation women are often accused of taking certain rights for granted, Danielle is an example of a young person who is still fighting for the same thing for which Myra protested.

B. Nationality

The national origins of each participant was an important factor for determining how they approached the topic of abortion and how their current work is perceived by friends or family in their home country. Raised in the Netherlands, Dr. Gomperts spoke about the privileges that she believes Dutch society has given her:

“...all these things where what I think that I have been able to do for Women on Waves I see very much as privileges, because for example I have been able to study for free in the Netherlands...but mostly, that I always felt very safe as a Dutch person that there was always financial support whatever happens. I mean it is such a different environment here than for example in the US, where you are constantly forced to survive- and to make sure that you survive whether it is through work that you need to be able to earn money to pay for your health insurance [...] I am such a privileged person in that sense and I feel that everything I have been able to do is because of these privileges.”

Because the government financially supports Dutch citizens, it is clear that they may have a sense of monetary security in a way that citizens of the United States might not. The government provides for university level education and covers basic health care needs. Dr. Gomperts knows these assets are privileges, which have enabled her to develop, grow, and thrive. Danielle explained how Dutch society has been the primary influence that has shaped her beliefs on abortion. Abortion is something that has always been legal and accessible in her lifetime and in the society in which she lives.

Ivette told me that the very reason that she moved to the Netherlands was so that she could evolve and grow as a person, which she felt was impossible to do in Poland. For both she and Kinga, Poland's history of criminalizing abortion in 1993 is an outrage, which they each told

me about extensively. Although some of their friends and family are supportive of their work, they also told me that this is certainly not true for all of their contacts who are still in Poland.

Ivette said,

“I am a bit careful when I am in Poland... diplomatically stating I am working for a women’s rights organization and sometimes I say it is for reproductive health... It is not something I would shout from the tower let’s say exactly for the reason that people who help a woman with abortion can be imprisoned for 3-5 years. So I must be careful.”

Coming from a country of severe restriction on the rights of women seems to have only further inspired and incited the way in which Ivette and Kinga think about the abortion issue. They each know what it feels like to be part of a society in which abortion is illegal, clandestine, and regulated by government and religious parties.

C. Direct Action

As an activist organization, Women on Waves executes large-scale direct action seafaring voyages. This action is not typical of a non-profit foundation. In fact, they are the only pro-abortion group in the world that uses a ship to facilitate access and awareness for abortion. For the women who work in the organization this method of direct action, which is globally visible and controversial, is an essential part of their mission.

Here are some of the reflections about this strategy:

Kinga: “We are into *direct action* more than you know general awareness building or lobbying for example... the people we work with are usually young organizations; young people that want to try something and do something that has not been done before in the country.”

Ivette: “I would never ever want to work in an organization that just functions on paper or does very little in terms of challenging the laws and challenging rules or how certain things function in a country...Not so many organizations do this in a very direct way and see the results. You are not only fighting for something or struggling against something but you really see the results directly because you do have, in one way or another, a contact with a woman who gets help. This is for me very important. It is kind of social work but in a politically charged environment.”

Myra: “It [the sailings] gives people the feeling like, if they can do that, they do anything. It is difficult for countries to grasp...The attention you can attract with it because it is a boat- the imagination of people goes immediately with you... and you can actually help a few women and that is only a symbolic act of course because there are hundreds, thousands of women that you want to help. But you show you can do it. So you don’t only demonstrate *against* something but you also act *for* something and you do it.”

For these women, the direct action method is paramount. It is a tool that attracts extreme interest from the media, but it is also something used to actually help women. Particularly when Myra said, "... the imagination of people goes with you", I felt as though I had finally begun to understand what she meant. The myths of the pirates, the fame that precedes them, it is all from people's preconceived notions about a ship. A ship is a symbol of freedom, and for Women on Waves their ship is a symbol, but also the actual means to bring reproductive rights to women.

D. Not A "Normal" Job

My participants do not view their work, as "work" is traditionally defined. Working at a job is typically considered a means to an end. At a basic level, an individual is employed to earn money for survival. Many people are emotionally detached from their work. They may see their job even as a burden: a necessary evil that is required to support a family or pay for living conditions. However, my participants were all enthusiastic and committed to their work in a way that is far from typical. They each expressed that their work at the organization is inextricably connected the other parts of their lives. Even though they all take their work home with them, they expressed to me that this was a conscious choice.

Roxy: "When I started here I was a volunteer and I was up for doing whatever, whatever participation I could have here. And it wasn't about making a living at all. And it still isn't in a way. I have to somehow survive [laughs]. I would be doing this no matter what- even if I had another job I would try to figure out some way to work on this."

Dr. Gomperts: "...It is definitely always there [her work]. I don't think that's a bad thing though. It is actually also a privilege to be able to say that your work is part of your life... it is also a privilege to work in something that you find interesting and satisfying and what you are passionate about."

Kinga: "It cannot be ever a job – it's basically part of your life and also part of your identity. And it stands also for this organization that the people that work here [...] it's like a commune. We also travel together, go out together, have private conversations together. It's all very mixed because it is a way of life and lifestyle more than just work. And I don't think anyone here really perceives it like you know, like 9 to 5 work or something like this [laughs]. Not at all."

Danielle: "Everyone is always happy to talk to each other about anything... I don't think that would happen at another organization where you do a 'normal job'."

Kinga described how the work for her is part of her “identity” and overall “lifestyle”. For her, and for all of my participants, there not a division between their personal feeling on abortion rights and the work that they do on a daily basis to help women. Although they are a diverse group who come from different backgrounds with different experiences, they are united by their passion. Their have a common goal of promoting and creating access for safe and legal abortion, which brings them together.

E. Role as a Woman

I asked all of my participants if they felt that they were better able to help women because they are women themselves. None of them felt that this was the case. They told me that there are also males who work in the organization who are just as capable of assisting women. Kinga mentioned that some women who contact them prefer to speak to women, similar to women who might only prefer a female gynecologist. Dr. Gomperts revealed that she thinks being a woman allows other women to trust her more. However, when I then asked my participants if they felt that being a woman made them have a different investment in reproductive rights, some of them changed their answers. Dr. Gomperts revealed that her own experiences as a woman provide her with a different perspective because she can better relate to and identify with the needs of other women. Myra expressed a similar answer:

“...it’s all about your own body and your right to decide what to do with it. I think men can support that- but they are not the ones who are able to become pregnant...It’s close to my own life, because you have to decide- do I want children? How many? When? How? Do you take precaution methods because you don’t want to have them the moment you are studying, or don’t have a good relationship with somebody? Yes, it’s definitely connected with being a woman yourself.”

Myra sees her gender as explicitly connected to the issue of reproductive rights and I would have been surprised if she answered this question differently. This is for the reason that Myra had already explained her involvement with Wij Vrouwen Eisen. She is part of the generation of female activists in the Netherlands that catalyzed the legal change. In protesting, she was not

only fighting for the rights of other women, but she was marching for her own rights as well.

Danielle however, did not think that her gender was particularly connected to her work in reproductive rights. She reflected,

“Maybe I know better about the risk of getting pregnant. Maybe I would care less about it if I were a man. I think women do care more about this issue.”

The generational separation may play a role in the difference of opinions between Myra and Danielle. While they both are committed to this issue, they started their work on this topic in drastically different socio-cultural contexts. For Myra, her gender was an integral part of her activism in the 1970s. As a woman, it was monumental that she was taking a public stand and attempting to redirect of decision of abortion into the hands of women. Danielle has not lived through the same struggle to legalize abortion in her own society and so this may contribute to why she does not see it as such a gendered issue.

F. Fearless

Sailing to a country where abortion is illegal and providing women there with access to safe medical services is a potentially dangerous action. Anti-abortionists have a strong presence and entering into a country where their views are the dominant ones would make a pro-abortion ship a target for hatred and violence. As an American, I know that the anti-abortion movement can be militant and that individuals who support abortion in a public way can be posing a risk to their personal safety. Thus, I was curious if my participants ever felt worried for their own safety working within such a controversial subject. My participants were also aware that I see Women on Waves from the hyper-sensitized American perspective. Myra even mentioned that she would be much more afraid to do such an action with a ship in America because violence there is a real threat. However, each of my interviewees responded that the ship campaigns always take proper security precautions for the crew and for the women that they help. Although I see what they do

as potentially very dangerous, they did not share this view. While they know that there are hateful and violent anti-abortionists who believe that they sail the “boat of death”, they are not afraid and continue to sail and spread public awareness. Here are some of their reflections on my question about fear for safety:

Dr. Gomperts: “I have not really been worried about it [her safety]... when we were in Spain I had my children with me during the campaign and they had a babysitter and then at some point we were having an open ship day and they were coming, going to come and visit and at that moment the anti-abortion protestors came and I saw my kids walking...and the anti-abortion protestors coming around the back and then I freaked out. That was the moment that I really realized how vulnerable you are. But that was because of them, not because of me.”

Kinga: “...all the anti-abortion propaganda and threats are really coming from the US. So the people that are American are really very, not afraid, but they just know this reality. So for us, here in Western Europe or even Eastern Europe it is still sort of vague, like this imminent threat to your personal [safety]... I don't think anyone follows me on the street.”

Ivette: “I always feel secure. And I think that is a method also to feel empowered and secure because then you don't show the fear and therefore you don't attract the possible attack... Of course there are tense moments when the boat tries to anchor in the harbor and there is tumult and havoc...but it is the moment of adrenaline rushing and you try to protect yourself and the boat. So in that way there is a sense of fear but this is not individual fear it is rather, okay, here we have to defend ourselves. But it is not like long lived fear, like something might happen to me.”

Roxy: “You always are aware that something could theoretically happen. Until now, in the places where I've been it hasn't been to the point where you saw something beginning to materialize.”

Roxy, the only interviewee with American origins, did not seem worried for her safety any more than the other women. She has been living abroad for many years, and has also completed successful actions with Women on Waves, which seems to contribute to her feeling of security. When I asked Danielle about safety she spoke about the value of having people in the organization who bring different perspectives, since as a Dutch person she always has felt safe and does not have the same awareness about potential danger. She told me,

“Kinga and Ivette are from Poland, so they came from a country where abortion is illegal. And you see the way that they think about things is really different than me. Because I said well, we should just go to Poland and paste stickers and have some kind of riot and they said ‘oh my god, you cannot do that!’ I am not scared for those things, but like, Ivette is really careful about these things, because basically you get arrested in Poland... So I think that is really good that you have different visions because if you had only people like me in this organization it would be a disaster. No, but seriously you really need to have people from different backgrounds...In the beginning, I was so naïve about *everything*. I am really naïve because I live in this country.”

Even though security precautions that are taken, I was still surprised by how easily these women dismissed the notion of fear and the reality that they could be in danger. They are not reckless in their actions; they know that there are people who are strongly against what they are doing.

However, they do not let this limit their plans or restrict their services.

G. Structure

The particular structure and working environment of Women on Waves is something that contributes to their overall success as an organization. Every participant expressed that the organization does not have a hierarchical structure. Everyone has their own responsibilities and obligations to fulfill but there is not one person who acts dictates the actions and decisions that are made. Even though Dr. Gomperts is the founder and director, as she spoke about the accomplishments of the organization, she talked in the manner of collective memory, more of a “we” instead of “I”. Women on Waves has cultivated a collaborative atmosphere in which everyone’s opinion is taken into consideration. Here are some of their responses:

Kinga: “I don’t like to think of it in terms of structures and big names, because I don’t think that is the climate here... it is all about creating a movement [...] I think what has always great here is that there is always space for inventing new strategies and trying them out.”

Danielle: “If you want to do something, you are always free to do it. I think everybody in the organization has their own responsibilities and own project they are working on.”

The social environment of the office is something that I have been working in and observing for the past two months. I feel that I understand exactly what my participants mean by a “nonhierarchical” structure. Each person is independent and committed to completing certain tasks. I have also witnessed the freedom to experiment that Kinga and Danielle mention. The organization is not afraid to try out novel strategies or think about different angles to approach situations. In fact, they are constantly developing diverse projects. Even as their intern, these women ask for my opinion and I feel that my beliefs are taken seriously. I think that this attitude of openness and flexibility makes sense considering their history. They have done things that no

one has dared to do, and they are going to continue to act in this way: to incite social change with methods that are radical.

H. Stories

In each of the interviews I asked the participant to share with me a most memorable patient case. I soon realized that this was a hard question to answer because there have been countless stories that have resonated with each of them. Nevertheless, they complied. Like Kinga, I believe that while statistics can be shocking, it is personal narratives that are the most powerful. These stories are a snapshot of this organization's outreach ability.

Dr. Gomperts:

I remember one case [in the US] where the sister of a girl contacted me and the girl was 16 and she was in a sect- in a very conservative Christian sect. And she had become pregnant and no body could know. And she couldn't get out- she couldn't go out without a chaperone...and she was really afraid that she would be murdered if they found out that she was pregnant. And her sister had left the sect but she was the only one that was allowed to come and visit her once in a while because she was her sister. And so the sister contacted us that her little sister had told her she was pregnant and she didn't know what to do because she couldn't go to an abortion clinic. So we advised the sister to go to Mexico to buy Misoprostol so she could take the pills with her- we guided her through the whole process. And so the little sister in the sect she took the Misoprostol and it worked out. It worked out well, fortunately. But I remember that story because these are the situations where it is not so unusual; where kids are really afraid of their parents if they find out they are pregnant. And the threat that they feel it is posing to their lives... and there is very little consideration for these kinds of cases that you can't just always go to a clinic. It's just not a reality for a lot of women.

Kinga:

On the first campaign that we went in Africa, in rural Tanzania, there was a girl that worked for the organization [a partner of Women on Web] and she was actually kicked out of her house because she was pregnant when she was not married. She was sort of adopted by this organization, a small grassroots organization. They just gave her a room because she literally had no place to go and we also helped with information about Misoprostol because she needed an abortion... she was there, hanging around all the time, and I knew that there was this story going on, because the project facilitators from the organization told me, but they didn't tell me who actually is the girl, and I didn't care because it's not you know about putting faces. I remember at the very end when we were leaving, she came to me, and she couldn't speak English. She had something written on her hands in English, that she asked someone [to write], something like 'thank you for saving my life'. That really shocked me because it was so genuine and so basic. We were like really blown away by this. Because we believe it is such an essential thing that women deserve. And also medical abortion is so simple in a sense, as a technology- that all of this suffering and dying it can be so easily prevented. This gap, this clash is really hard to take.

Ivette:

When I first started to work on the help line, we were with the clinic on the boat in Poland. And I was answering the first phone calls from women. And we were trained to do that but nevertheless it's kind of an overwhelming feeling when women in totally helpless situations call you, and beg you for help, and yet, you cannot help them. There was one particularly case of a woman who didn't have a passport and could not get one in just a few days because in

Poland this process takes weeks... and she was very desperate to get on the boat. But because the boat goes to international waters, she must have a passport with her. So we could not help her because she did not have a passport with her. But that was part of the problem the other problem was that she had already 3 children who were highly handicapped- like really handicapped, like in wheelchairs and not able to eat. And the fourth child she was pregnant with didn't have a developed spine and there were parts of the fetus that were completely underdeveloped. The doctors told her that the child would be born but it in fact would not be a child, it would be like a plant without organs so it would be sublimated to a long hospitalization. And she said, yeah, I don't want to have it. But this process in Poland is so long that by the time they issue permission is might be too late [to do the abortion] because it takes months in some cases. And we could not help her and it was very striking. She told us she tried to jump from a bookcase and stuff like this to abort... And it was very difficult for me because we could not directly help her.

Roxy:

There was a case of a woman that when we first started writing to her she didn't believe that we were a real organization that would help her... She would get really angry because she thought we were some kind of an internet scam. When we ended up helping her and she couldn't believe it. And her attitude totally changed and she was very like, amazed that anybody would do anything for her. And then here were these people who were always responding to her emails and always being supportive and eventually helped her resolve a really difficult situation... A lot of women are really alone. They can't tell anybody about their situation. Even something as little as writing 'hugs' on the end of an email- they feel so supported by that. Because it is just such a hard situation and women have to deal with it without telling all people that are around them.

Danielle:

There was one case that was a really extreme. It was woman who lived in the Philippines and she was kidnapped and raped and that is how she got pregnant. We were in contact with a friend of hers and he was Dutch. And he was in kind of a Communist group. He explained that they [her captors] knew that she was his friend and that is why she was kidnapped or something- it was a really, really horrible thing. She was so, so scared of everything and to be in contact with anyone because it was so traumatic. The most horrible thing was that we sent her a package with the pills and then they didn't work. So in the end she found a contact through an organization that we know and trust, and in the end she had a surgical abortion through that organization in the Philippines... but it was just because she had already gone through so much and then the pills did not work that it was such a sad situation...

X. Conclusion

After spending two months working at Women on Waves and having the opportunity to listen to many stories of the women who work there, I have acquired a comprehensive and insider's perspective of their operations. I have found that the group's dominant ideology, that each individual is an autonomous being with rights, is transformative to the way the group functions. Each person is committed to the same goal but within that they each have the freedom to express and explore their own ideas.

The history review of the law in the Netherlands provided the socio-cultural lens with which to understand their origins. Dolle Mina and Wij Vrouwen Eisen were radical activists of the Netherlands in the 1970s, fighting for the legalization of abortion. Writing "Baas in eigen

buik” on their stomachs and organizing enormous demonstrations effectively redefined abortion, making it an issue for which women themselves could decide. However, their impact is not isolated and their occupations are not an artifact. Instead, I choose to see their early activism as part a continuum: opening a platform and space for radical feminism in their own country. But their work, promoting the right and access to abortion, was surely not finished even after the law was legalized.

Many years after their daring actions, after the two-week sit-in at the Bloemenhoeve Clinic, Women on Waves started their mission. Dr. Gomperts told me she feels that everything she has been able to do for Women on Waves is because of the privileges that she has had as a Dutch person. The women’s movement of the 1970s undoubtedly contributed to these privileges, enabling women to have access to safe and legal abortion. However, Women on Waves does not take these privileges for granted. Instead, they have utilized the rights they are granted by the Netherlands to empower women elsewhere who do not have same basic, fundamental rights.

Speaking with Professor Outhoorn and the ship’s captain Myra who were both present and active in the Netherlands before abortion was legalized was very beneficial. The enthusiasm with which Professor Outhoorn spoke about the subversive actions of Wij Vrouwen Eisen was comparable to the way that my participants conceived of their current activism with Women on Waves. Talking to Myra illuminated this connection because she has participated in both groups and described that the feelings, in the moment of a radical action, are the same for her. The radicalism of the 1970s has been continued, expanded, and renovated by Women on Waves. Sailing to countries where abortion is restricted and providing women there with access to abortion, information, and sources is a revolutionary act. It is unique, daring, and inspirational. From their small beginning as a Dutch non-profit organization, they have evolved into a much larger social activist movement, fighting for the reproductive rights of women. They have

managed to attain global impact without compromising their originality or restricting creativity.

Kinga told me, “We are so confident because we are driven by the passion of people. And as long as there is passion, it will be okay”. After listening to everyone’s personal story, I could not agree more. Women on Waves will not stopping sailing and spreading essential information, giving women the power to save their own lives.



Wij Vrouwen Eisen during abortion demonstration in 1976. Marjan Sax is behind the lecturn. Retrieved from:
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XII. Appendix A: Interview Guide

Below is the list of questions that I used for my interviews. However, this is a basic outline, as interviews often deviated from the original questions I provided.

- 1) What is your official job title?
- 2) How old are you?

- 3) Where were born? Where did you grow up?
- 4) When did you move to Amsterdam? Why did you move here?
- 5) When did you first get involved with Women on Waves? What motivated you to join the organization?
- 6) What does Women on Waves mean to you, personally?
- 7) Can you explain your personal opinion and beliefs on pro-abortion?

→ What shaped these beliefs? Friends? Family? Culture?

- 8) How do your family and friends feel about your standpoint on abortion? What significance does this have for you?
- 9) Do you feel that because you are a woman you are better able to help other women?
- 10) Do you feel that being a woman makes you have a different connection / investment in reproductive rights?
- 11) Do you have a most memorable (patient) case or distribution of medical abortion medications?
- 12) Are there any down sides to what you are doing now? What are the biggest challenges?
- 13) How do you feel about anti-abortion arguments?
- 14) Have you ever been worried for your safety, working within such a controversial subject and political movement?
- 15) What do you think the most influential/successful ship campaign has been and why?
- 16) Do you feel unified with your co-workers in a way that you feel is unique because of the work that you do – helping women all over the world, with very intimate issues?
- 17) Have you ever been unable to help a woman who has sought out the organization's services?

18) Do you ever feel conflicted in striking a balance between getting women access to safe abortions without media attention (“under the radar”) and the enormous international and political attention that the ship campaigns are meant to create?

19) What are your long-term goals for the organization in the next few years?

20) What is your biggest concern for the future of the organization?

21) What projects are you currently most excited to pursue?

22) Is there any thing else that you would like to tell me?