

2018

The Denial of the Right to Choose: Structural Violence and Abortion in Chile

Elizabeth Lewis

Connecticut College, elewis2@conncoll.edu

Follow this and additional works at: <https://digitalcommons.conncoll.edu/hisphp>



Part of the [Latin American Studies Commons](#), and the [Sexuality and the Law Commons](#)

Recommended Citation

Lewis, Elizabeth, "The Denial of the Right to Choose: Structural Violence and Abortion in Chile" (2018). *Hispanic Studies Honors Papers*. 5.

<https://digitalcommons.conncoll.edu/hisphp/5>

This Honors Paper is brought to you for free and open access by the Hispanic Studies Department at Digital Commons @ Connecticut College. It has been accepted for inclusion in Hispanic Studies Honors Papers by an authorized administrator of Digital Commons @ Connecticut College. For more information, please contact bpancier@conncoll.edu.

The views expressed in this paper are solely those of the author.

The Denial of the Right to Choose:
Structural Violence and Abortion in Chile

A thesis presented by Elizabeth Lewis to the Hispanic Studies Department in
partial fulfillment of the requirements for the degree of Bachelor of Arts

Connecticut College

May 2018

Thesis Advisor: Julia Kushigian

Readers: Aida Heredia and Ariella Rotramel

Table of Contents

Introduction	4
Chapter 1: Perspectives on Abortion from Fetal Rights to Women’s Rights	10
“Pro-life” Perspectives: Fetal Rights as Human Rights	11
Reproductive Rights, the State and Abortion: The “Pro-Choice” Perspective:	18
Chapter 2: Shifting Ideas of Womanhood, Reproductive Rights and Abortion in Chile from 1874 to the Present	32
Early Legislation and Perspectives on Abortion: 1874-1970.....	32
Women’s Rights, U.S. Imperialism and The Rise and Fall of Socialism in Chile....	47
Abortion and Women’s Rights Under Dictatorship and Democracy.....	58
Chapter 3: Women’s Voices: Experiencing the Denial of the Right to Choose	73
The Obligation to Decide: Female Bodies, Reproduction and Responsibility.....	73
Unwanted Pregnancy and The Search for a Solution.....	80
Violence and Abortion Under Prohibition	85
When Abortion is Unavailable: The Cruel Realities of Forced Maternity.....	97
Conclusion.....	104
Appendices.....	111
Appendix A: Entrevista con la Agrupación Nosotras Decidimos.....	111
Appendix B: English Translation of Interview with the Group Nosotras Decidimos..	116
References.....	121
Notes.....	125

Acknowledgements:

First and foremost I would like to thank my advisor Professor Julia Kushigian for her help and support in the process of imagining and writing this thesis. I would also like to thank my two readers, Professor Aida Heredia and Professor Ariella Rotramel for taking the time to read and comment on my work.

This thesis could not have been completed without the generous support of CISLA, specifically Mary Devins and Marc Forster who made it possible for me to travel to Chile not one but two times in order to conduct research.

My deepest gratitude goes out to the women of La Red Chilena contra la Violencia Hacia las Mujeres whose guidance and support was fundamental in shaping my understanding of the abortion situation in Chile, Feminism and my own position in the world of activism.

Finally, to Isabella, Kexu, Fernanda, Susana, Natalia, Sofía, and Karen, thank you so much for taking the time to speak with me about your experiences and trusting me with your stories. It is my sincerest hope that I've done justice to everything you shared.

Introduction:

“Quería tanto abortar que preferiría morirme que ser mamá”
(I wanted to abort so badly that I would have preferred to die than to be a mom)
- Isabella, 21¹
 (“Isabella” Interview)

Isabella’s statement, given in an interview eight years after her experience, highlights the painful realities of life in a society that denies women the basic reproductive right to a safe, legal and affordable abortion. Isabella had just finished her first year of college when after a night spent with her ex-boyfriend she became pregnant. Like many women her age, Isabella knew immediately that she was not prepared to have a child and that the best option for her was abortion. Isabella lived in Chile, however, a country that up until September 2017 had one of the strictest abortion laws in the world, banning abortion without exception and subjecting anyone who has or assists with an abortion to a period of three to five years in prison (Dides and Maulhardt 30). In this study I will discuss the stories of Isabella and six other Chilean women who, like her, faced an unwanted pregnancies in a nation that provides no legal recourse or pathway to abort. Through these stories I seek to demonstrate the violence inherent in the state’s denial of access to safe and legal abortion and to illustrate the links between such violence and broader government control over women’s lives and reproductive decisions. Above all, I will show that the effects of this violence are highly unequal in their application, leaving women who are already the most marginalized in society most at risk. Specifically, this study indicates that the law has the most drastic and repressive effects on women who are already in situations of abuse, those with little to no familial or partner support, poor women, indigenous women and those in rural areas without access to reproductive technologies offered in larger cities and towns.

This project, which I began three years ago with the broad goal of learning more about the abortion mandate in Chile, eventually led me to seven women, five of whose stories are included in this study. In many ways the decision to interview these specific women stemmed from a question of access. Throughout the summer of 2017 I had the privilege of incorporating myself into the Santiago-based feminist group La Red Chilena Contra la Violencia Hacia las Mujeres (The Chilean Network Against Violence Against Women), which served as my main guide in the data collection portion of this project, helping me to design research questions and arranging interviews with women they knew to have aborted. At the time, I considered the women I was put in touch with to be a fairly random sample of the total population with little in common despite all being from the Santiago region and having either aborted or faced an unwanted pregnancy.² Upon completion of this project, however, it became clear that despite their randomness the seven women in this study all share a number of important characteristics in common, most importantly a certain political consciousness regarding their experiences.

Despite their vastly different and deeply personal experiences, each woman I spoke with recognized their abortion experience as an unnecessary and even violent act for which they were not at fault. Rather than reproducing rhetorics of guilt and culpability often associated with abortion, each woman recognized that their negative experiences were a result of an unjust legal and social system that had failed to provide them with the necessary tools to make decisions about their own bodies and their own futures. Although not all women explicitly named their experience as violence, each expressed some level of awareness that they had experienced dehumanizing treatment while trying to make the decision that they knew without a doubt to be best for them. Further, while not all the seven women defined themselves as ‘feminists,’ in fact

one was adamantly opposed to feminists and feminism, each women had what one could consider a “feminist” perspective in regards to abortion and their own experiences. Here by a feminist perspective of abortion I refer broadly to the numerous nuanced perspectives which prioritize the rights and needs of women over the rights of a fetus and do not fault or blame a woman for making the decision to abort. Such perspectives see abortion not as a negative, immoral or evil process but rather as an essential tool that allows women to have agency over their lives, a tool that no woman should feel guilty about employing when necessary.

Overall, the following project reflects the personal experiences and positions of one specific group of Chilean women who, despite their many differences, share similar perspectives on abortion and in particular, the injustice within the denial of access to safe legal abortion. As such, while the results obtained through this project may be reflective of certain women’s experiences when confronted with the denial of the right to choose, it is likely not applicable to every woman’s experience both within Chile and especially on a global level. Despite these limitations it is my hope that these stories may offer some glimpse into the real life implications of bans on abortion and the need for structural change both in Chile and in any country that dictates when and why it is acceptable to have an abortion.



The following study will be divided into three major sections. In section one, *Perspectives on Abortion from Fetal Rights to Women’s Rights* I establish the conflict between ‘pro-life’ and ‘pro-choice’ perspectives, beginning first with a brief review of ‘pro-life’ or ‘fetal rights’ arguments as well as some of the strategies employed by pro-life (pro-vida) groups throughout Chile. Next, I shift to an analysis of ‘pro-choice’ or ‘feminist’ views of abortion that

position abortion as a woman's reproductive right. To begin this section, I use a Foucauldian model to discuss the manifestation of power and control in modern societies, specifically looking at the role of institutions and their affect on individuals, particularly women. I then discuss the implications of the bans on abortion both in Chile and at a conceptual level through the lens of Johan Galtung's theory of structural violence. In this section the concept of structural violence refers to violence lacking an individual or direct actor but that is made possible by a set of specific structures, such as laws or policies which indirectly make experiences of violence inevitable (Galtung 167). Here and throughout this project, I argue that laws preventing access to safe and legal abortion constitute a form of structural violence against all Chilean women through realities like compulsory maternity, incarceration, unsafe abortions and in some cases serious injury or death. Finally, I draw on feminist perspectives on reproductive rights, largely through a framework outlined by Rosalind Petchesky, in order to examine what true reproductive justice might look like taking into account the diverse realities and barriers which inhibit women of all backgrounds.

In the second section, *Shifting Ideas of Womanhood, Reproductive Rights and Abortion in Chile from 1874 to the Present*, I move to a specific examination of the Chilean case, providing a timeline of major events within abortion legislation, the women's movement and the broader political landscape. This section is split into three broad time periods, beginning in the early 20th century, covering the rise of socialism in the country, the 1973 coup d'état and seventeen-year dictatorship of Augusto Pinochet, and the current democratically elected government of President Sebastian Piñera. I begin my examination of pre-dictatorship developments with a brief discussion of the 1874 abortion law, the first on the books to provide official legislation on

abortion, and which criminalized the process in all cases without exception. From here, I trace the gradual expansion of women's legal and social rights including the achievement of the right to vote and the creation of a number of political organizations devoted to women's rights, such as the *Servicio Nacional de La Mujer* or the National Woman's Service (SERNAM) and *El Partido Cívico Femenino*. Parallel to my outline of the women's movement in Chile, I explore the legal developments of the abortion law, namely the 1931 legalization of therapeutic abortion, the gradual shift towards the medicalization of the practice, and the broadening of the term "therapeutic abortion" by doctors in the 1970s in response to high maternal mortality rates and general population concerns. Next, on a political level, I detail the rise of socialism in Chile, culminating with the election of socialist Salvador Allende as President in 1970. I then trace the effects of socialism and Allende's government within the women's movement and in regards to abortion legislation. In this section I focus on the conflicts between U.S. imperialism, family planning and women's rights which arose under the Allende administration. Finally, I outline the events that led to the 1973 military coup and the end of Allende's government, specifically investigating the role of the United States' government and Cold War politics in the downfall.

In the final part of this chapter, from the 1973 coup d'état to the present, I highlight how the dictatorship of Augusto Pinochet interrupted the progress gained throughout the 20th century with regards to women's rights and abortion. Here, I highlight how brutal repression during the dictatorship led to the reinforcement of traditional ideas of womanhood, namely linking women's roles to reproduction and the domestic sphere. I likewise discuss the renewed stigmatization of birth control and abortion, culminating in the total prohibition of the practice under the 1989 constitution as one of Pinochet's last acts as President. I then move to discuss how ideas of

womanhood, sexuality and morality during the dictatorship period continue to pervade Chilean society, preventing a change in abortion legislation despite sixteen attempts to change the law within the twenty-eight year period from 1989 to September 2017. Finally, I end with an examination of the 2017 change in law to allow legal abortion in three cases; 1) threat to the life of the mother, 2) as a result of rape, and 3) in the case of fetal inviability, as well as the limitations placed on this law by the current Government of President Sebastian Piñera.

In the third section and final section, *Women's Voices: Experiencing the Denial of the Right to Choose*, I discuss the experiences of five of the seven women interviewed, drawing on elements of each of their stories to highlight the violence which is made almost inevitable by the total abortion ban. In this section, I provide quotes in the original Spanish along with my English translations in an attempt to allow the women interviewed to tell their own abortion or forced maternity stories. While the majority of this section focuses on their individual experiences, throughout I attempt to draw explicit connects showing how the violence experienced can be traced directly back to the structure of the abortion law, which rather than eliminating abortion solely serves to make the process more dangerous and more expensive. Finally, at the end of this section I envision what it would mean to remove violence from the abortion process. Drawing on the ideas of the seven women interviewed, a number of abortion activists and my own positions, I consider the conditions necessary to allow women to realize their reproductive right to an abortion in an environment free of violence of any kind.

Chapter 1: Perspectives on Abortion from Fetal Rights to Women's Rights

The topic of abortion remains one of the most polarized issues globally, with extensive debates on why, how and when the practice should be performed, if at all. In Chile, like much of the world, such perspectives often fall into binaries of “pro-life” and “pro-choice” rhetoric, with the former referencing the fetus’s right to life, and the latter a woman’s “right to choose” or in Spanish, “derecho a decidir” a phrase commonly used in Chilean feminist protests and campaigns around the topic (“Mujeres marchan en Chile”). Simply put, feminist or “pro-choice” perspectives encompass any one of a broad range of views that prioritize a woman’s right to choose whether or not to have a child over a fetus’ or embryo’s right to life in all or most cases. On the other hand, pro-life or anti-abortion perspectives commonly refer to the idea that abortion should not be permitted or should only be permitted in very specific cases based on the idea that elimination of a fetus or embryo is akin to the killing of a baby. Despite these oppositional categories the majority of people in Chile as with most of the world fall somewhere in the middle often based on a combination of their political, social, moral and/or religious views. On a global level pro-life perspectives have been heavily linked to conservative politics, high religiosity, and repressive ideas about morality with regards to sex and sexuality. Likewise, pro-choice stances have been broadly associated with ideas of feminism and women’s rights as well as progressive and liberal politics. In the following I will provide a brief description of basic pro-life arguments and rhetorical strategies common amongst Chilean pro-life groups, provide a brief critique of such arguments and finally outline some of the major arguments behind feminist views of abortion and reproductive rights.

“Pro-life” Perspectives: Fetal Rights as Human Rights

Throughout the world “pro-life” discourses on abortion have long relied on the public perception of the procedure as the killing of an unborn baby, focusing on the bundle of cells growing inside a woman rather than the woman herself. This perspective is deeply intertwined with the concept of fetal personhood, a carefully developed rhetorical strategy that promotes the conceptualization of a fetus (or embryo in early stages) as a baby, rather than as something that eventually has the potential to develop into a baby (Halva-Neubauer and Zeigler 101). This strategy has been fundamental in the development of pro-life rhetoric that seeks strategically to separate the anti-abortion movement from traditional associations with religion and morality. In particular, although many individuals or religious groups may refer to abortion as a sin or condemn a woman as sexually immoral, often pro-life groups do not employ religious language and opt instead for rhetoric surrounding the importance of life and the bond between mother and child. The inherent bond perspective can be seen in the statements and campaigns of numerous “pro-life” groups throughout Chile. For example, the strategy of fetal personhood can be clearly seen in the statements of Antonio Correa, a representative of the Chilean anti-abortion group *IdeaPaís*. In a 2016 interview Correa explained that his fundamental opposition to abortion in all cases is based not on religious conviction, but on the belief that from the moment of conception there exists a distinct human being.

El argumento que nosotros ocupamos en la esfera pública es un argumento racional y no es un argumento de fe, no es porque Dios lo quiere así.... Estamos en contra del aborto porque entendemos que hay vida en el momento de concepción, que hay un ser humano distinto, y esa es una vida que merece el respeto igualmente que una persona adulta.

[The argument that we take up in the public sphere is a rational argument not an argument based on faith, not because god wants it this way... We are against abortion because we understand that there is life at the moment of conception, that there is a distinct human being and that it is a life that deserves respect just like an adult person.] (Correa, Antonio)

This strategy of fetal personhood, employed by Correa and many others, plays a crucial role in the development of pro-life propaganda and marketing in Chile, helping such groups to develop a more positive public image that goes beyond associations with an anti-woman stance or outdated notions of propriety. Such arguments, which rely on the idea that a fetus is a baby and abortion as the destruction of human life, are at the very least deeply misleading. Overall, scientific discussions that seek an exact point of distinction between fetus and baby are hazy at best, often relying on speculation and opinion rather than scientific evidence. Despite such difficulties, there are a number of key differences between a human and an embryo or fetus that have received relative scientific consensus, and thus avoid the pitfalls of cultural and social definition. Specifically, there are two major elements seen as relevant to this debate that highlight the vast difference between a fetus and a human: a fetus's capacity for survival outside of the womb and its capacity to feel pain.

While full term is generally considered anywhere from 37 to 40 weeks gestation, with modern medicine, roughly 1 in every 1000 babies born at 24 weeks has been able to survive, albeit with major medical intervention (Mohangoo). Despite the ability for some infants to survive at the 24 week mark, however, their development is incredibly limited, as indicated by studies on the capacity for fetuses to feel and recognize pain. A 2005 comprehensive review of pertinent literature on fetal pain conducted by the University of California San Francisco found

no real evidence of a fetus's capacity to feel pain before the 3rd trimester (29-30 weeks) (Lee and Ralston, 947). Due to restrictive laws in Chile, it is uncertain how many abortions are performed after the first trimester (up to 12 weeks)(Jatlaoui). The vast majority of abortions worldwide, nevertheless, tend to occur in the first trimester, as did every abortion discussed in this study. At the same time it is important to note that in certain countries without legal access to abortion, like Chile, a higher percentage of abortions may occur after the first trimester due to the inability to access abortion services until later in the pregnancy. This example is limited to surgical abortions, however, as commonly used abortive pills like misoprostol and mifepristone do not function after the first trimester (Lesbianas y Feministas por el Derecho a la Información 43). Thus, such statistics indicate that most abortions occur before the fetus has any chance of survival on its own and certainly before it has the capacity to feel or detect pain, making pro-life arguments centered around fetal rights flawed until, arguably, the third trimester. At the same time, unlike a fetus, as a fully developed human being, the woman in question has the ability to feel both physical and psychological pain, particularly the pain of being forced to bear an unwanted pregnancy, or conversely to face a dangerous clandestine abortion.

As demonstrated above, despite the stance that anti-abortion groups are not anti-woman, such rhetoric leaves little to no space for the true recognition of the personhood and subsequent rights of the pregnant woman. In particular, "pro-life" arguments typically fail to truly consider the experiences of women who for whatever reason are either unable or unwilling to carry an unwanted pregnancy to term. Instead they offer the "simple" solution of adoption once a baby is born. This "solution" ignores the realities of being forced to carry a child against one's will, the difficulties of aborting under situations of illegality, and the rampant abuses within the "foster

care” system that she may be forced to subject the child to eventually. In Chile specifically, the foster care system known as SENAME (Servicio Nacional de Menores) [National Minors Service] is plagued by abuse and mistreatment of all types. In fact, on October of 5th of 2016 President Bachelet gave an address to the nation entitled el Plan de Acción para la Protección de la Infancia Vulnerada [Action Plan for the Protection of Violated Children] in response to the shameful, tragic and the abusive conditions within SENAME. In the words of Bachelet,

Ustedes entienden que de lo que estamos hablando no resulta fácil hablar esta mañana.

Porque las cifras, las historias y las experiencias que hemos conocido de niños, niñas, adolescentes e incluso de adultos al cuidado de centros públicos y privados bajo la tuición del Servicio Nacional de Menores que han fallecido en estos últimos 11 años, la verdad es que impresionan y generan dolor como chilenos y chilenas.

Y la información que hemos entregado oficialmente al país este lunes, representa, yo diría, una tragedia y, por otro lado, una vergüenza para nuestra sociedad, y en particular para el Estado de Chile.

[You all understand that what we are discussing this morning is not easy to speak about. Because the statistics, the stories and the experiences that we have come to know of young boys, girls, adolescents and even adults in the care of public and private centers under the protection of the National Minors Service who have died in the last 11 years, the truth is that it impresses upon and generates pain as Chilean women and men.

And the information that we have officially dispersed to the country this Monday, represents, I would say, a tragedy, and moreover, a shame for our society, and in particular for the Chilean State (Bachelet).

More recently, a 2017 report by the National Institute of Human Rights which investigated human rights abuses within SENAME, found that out of 405 children age 8 to 17, 197, or almost half, reported human rights violations including neglect and physical, psychological and sexual abuse (Instituto Nacional de Derechos Humanos). Additionally, as with most forms of abuse, the majority of cases within SENAME are often underreported, unacknowledged or covered-up, making the true number of children affected unclear. Despite insufficient data, these limited numbers indicate that the simple solution of adoption offered by pro-life groups is deeply flawed. Instead, even adoption continues to expose children to harm, to being forgotten in a labyrinthine system, and once again deeply ignores the realities of the women involved.

Ironically, the very limited evidence of concern for birth mothers indicates that when anti-abortion activists do recognize impacts on women's lives they tend to focus on the notion that abortion is damaging to women both emotionally and physically, thus failing to see any benefit in the procedure for the women who desire it. Overall, there is a generally tendency to paint the procedure as inherently traumatic and life-altering for women, a notion that the data gathered in this study clearly disputes. This trend can be seen in a 2016 campaign entitled #PorElla (#ForHer) by the Chilean anti-abortion group IdeaPais. Within the report the group dedicates one page out of twenty-seven to discuss the effects of abortion on women under the subheading “¿Qué consecuencias tiene el aborto para la mujer?”[What are the consequences of abortion for women?] (Ruiz-Tagle 10). The central argument of this section claims that:

El análisis de la mejor evidencia permite concluir que no hay razones que demuestren algún beneficio empírico para ellas (por haber abortado), aunque sí existe una tendencia progresiva por parte de la comunidad científica a reconocer sus efectos negativos.

[The analysis of the best evidence allows one to conclude that there are no reasons that demonstrate any empirical benefit (of abortion) for women, although there does exist a progressive tendency within the scientific community to recognize its negative effects.]

(Ruiz-Tagle 10)

In support of this claim the report cites studies indicating the link between mental health issues and abortion along with other physical and psychological traumas. According to Ruiz-Tagle, “Los resultados de este análisis arrojaron que las mujeres que han tenido un aborto experimentaron un riesgo 81% mayor de problemas de salud mental manifestado de varias formas.” [The results of this analysis showed that women who have had an abortion experienced a 81% higher risk of mental health issues manifested in various ways]. In addition the study claims a link between abortion and higher risk of suicide, drug-use, PTSD and Acute Stress Disorder, higher risk of breast and other cancers, future problems in pregnancy, and sexual problems for both women and their partners “presumiblemente por traumas psicológicos y la preocupación de otro embarazo no deseado” [presumedly due to psychological traumas and the worry of another unwanted abortion] (Ruiz-Tagle 10). Thus, although such rhetoric typically does not focus on explicitly condemning women, it works to, in the words of Halva-Neubauer and Zeigler, “characterize the woman as the victim of a callous abortion industry-an industry indifferent to the unique nature of the parent-child relationship and to the potentially devastating effects of abortion on the mother” (103). By highlighting potential physical or mental health

issues related to abortion, pro-life or anti-abortion proponents are able to both condemn the practice and to paradoxically paint themselves as supporting women. Once again, however, such pro-life discourses fail to take into account the outside factors that affect a woman's post-abortion mental state, specifically the social and legal conditions under which a woman aborts and how such conditions may affect her life post-abortion.

Overall, these rhetorical strategies often rely on essentialized notions of women as inherently maternal, portraying pregnant women even in early stages of development as carrying fully developed babies to whom they share a natural bond. Within Chile a number of campaigns have employed this image of women as mothers including the group Chile Unido which ran a series of television advertisements against the practice in the early 2000s. These advertisements highlighted two central tenets of the pro-life movement in Chile, referencing both the personhood of the fetus and the natural link between women and motherhood. For example, one of the most famous ads spotlights a fetus in utero saying "me van a matar" or [they are going to kill me] thus personifying a figure capable of thought intended to induce guilt in women who might consider aborting such a figure ("Fundacion Chile Unido- Embarazada"). In addition, another similar ad focused on the inherent joys of motherhood, featuring a woman reflecting on life without a child she considered aborting as her child plays outside. The second ad in particular is directly targeted at the reasons many women are perceived to abort, with the narration stating:

Si tú no estuvieras todavía seguiría siendo la niña de la casa, yo estaría estudiando, no tendría que estar trabajando en esta edad, si tú no estuvieras yo estaría casada con el hombre que yo quería, si tú no estuvieras yo me muero.

[If you were not here I would still be the child of the household, I would be studying, I wouldn't have to work at this age, if you weren't here I would be married to the man who I loved, if you were not here I would die.](“Si no estuvieras/Campaña Fundación Chile Unido/Chile” Youtube)

Overall, the rhetoric and imagery employed in this advertisement appeal to the emotions and conception of care and nurturing, thus reinforcing the negative connotations of abortion while simultaneously directly targeting a certain class of women for prioritizing their careers, education or any part of their lives over that of a potential baby. While in some cases women certainly do regret their decision to abort or are pressured into the procedure by family, friends or significant others, such ads and others produced by pro-life groups make it clear that abortion is murder and that one is always better off morally, mentally and physically by continuing with an unwanted pregnancy. Overall, pro-life arguments religious or secular, largely draw on scientifically unproven ideas of fetal personhood through which abortion is equated to murder. Further, in response to this ideological strategy, pro-life groups routinely develop a discourse that focuses on both the killing nature of abortion and the inherently maternal characteristics of women who will be better off both physically and mentally for having not aborted. Such discussions thus ignore any question of women's needs, rights or realities, which are seen as secondary or inconsequential in comparison to the loss of future life.

Reproductive Rights, the State and Abortion: The “Pro-Choice” Perspective

In contrast with pro-life views that casts the fetus as a baby, abortion as murder and women as inextricably linked to motherhood, a feminist or pro-choice perspective offers a

different lens through which to view the subject. Significantly, it takes account of women's specific position both biologically and socially in relation to the state and other systems of social control. In comparison with a fetus, which thus far cannot be proven to be a full person, feminist perspectives recognize and prioritize the humanity of the woman involved, and thus her right as a human being to make decisions surrounding the choice to reproduce.

Overall, the perspectives I draw on in the following pages recognize the controlling and oppressive nature of state and social institutions, and their particular effects on the lives of women and other marginalized groups. In this view, restrictions on abortion can be seen as a form of state control over the lives of women, serving to reinforce their subjugated position within society. Specifically, such views recognize that throughout history abortion and birth control have been central tenants of women's reproductive lives, allowing them to regulate birth and pregnancy (Schur 94). Likewise, they recognize that restrictions on such practices have never prompted their eradication, but rather have solely driven them underground, into unsafe and clandestine spaces (Petchesky 1-2). Thus, taking into account women's specific position as a group in relation to controlling institutions along with the realities of abortion throughout history, a feminist perspective, and the perspective I engage here, casts abortion not as the murder of a baby but rather as a fundamental right, and the denial of said right as a form of violence, specifically structural violence against all women.

Power, Control and Institutionalized Violence

To begin, a "feminist" approach to the topic of abortion must take into consideration the manifestation of power and control within society, particularly the manifestation of power in

regards to notions of gender. One of perhaps the most compelling theorists when it comes to matters of social control and power is Michael Foucault, a French philosopher and social theorist who saw institutions, such as the government, schools, hospitals, churches, etc., as essential to maintaining control over individuals and over society (Bartky 467). In his analysis, Foucault relies on the model of the Panopticon, a concept initially developed by social theorist Jeremy Bentham, to describe how institutions function to control the lives, and even thoughts and behaviors of individuals. In this vein the Panopticon comes to represent both a physical structure, a sort of “model prison,” and a larger metaphor for social control (Foucault 26). Generally the physical model of the panopticon consists of a circular building with a tower at its center and a number of buildings, or cells, along the periphery, all backlit to allow those in the tower to constantly watch those along the periphery without being seen in turn. Through this system of constant one sided observation, coupled with punishment for those who disobey, the “prisoners” begin to police themselves and their behavior to match the desires of the “guards” within the tower. According to Foucault, overtime this dynamic “induce(s) in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power”, thus creating a situation in which each ‘prisoner’ “becomes to himself his own jailer” (26). To Foucault and theorists like him this highly successful, self-sustaining prison system is reflective of not only prison life, but also of society as a whole.

According to Foucault and as many modern scholars would agree, the self-sustaining dynamics of the Panopticon can be seen in today’s modern institutions, such as the armed forces, economic and political institutions, the education system and even the institution of the family. Together these institutions rely on similar models of vigilance, punishment and rewards to

produce certain physical and psychological effects in an individual, molding them to behave in accordance with the will of the centralized power of the state. In particular, Foucault claims that such institutions exert control over every aspect of an individual's life, down to even the smallest gestures and movements, thus creating what Foucault terms "docile bodies" (Foucault 26).

Sandra Bartky, in her critique of Foucault, uses the example of a student in a classroom to describe this phenomenon, wherein a student's position in the classroom is determined by their ranking, every action is scheduled and every movement is monitored and corrected accordingly.

For example, "the student must sit upright, feet on the floor, head erect; he may not slouch or fidget; his animate body is brought into a fixed correlation with the inanimate desk" (Bartky

466). Further, students are "policed" in varying ways according to their specific social position both in larger society and within the classroom. Thus students, like all individuals in society, are allowed more or less freedom of movement and behavior based on a number of complex hierarchies of power and willingness to conform to the will of the institution. With constant reminders of "proper" behavior, students learn to conform their own actions to the expectations of the institution, in a sense becoming what Foucault would describe as their own jailers.

Overall, according to Foucault this constant observation and discipline as well as the self-surveillance they generate serve, "to maintain a certain social class in power; and to exclude the instruments of power of another social class" (Chomsky and Foucault). Thus, through this system, positions of privilege and subjugation become solidified within both individual lives and over generations, allowing power hierarchies within a state as a whole to remain relatively constant.

In her article “Foucault, Femininity, and the Modernization of Patriarchal Power”, feminist philosopher and theorist Sandra Bartky provides a much needed critique of Foucault’s work, agreeing with the theorist on the validity of the model of the Panopticon but pointing out his failure to address the forms of subjugation and control which are specifically directed against the female body. According to Bartky, in most if not all modern societies, biologically ‘male’ and ‘female’ individuals are socialized in specific ways along what is known as the gender binary, which prescribes and brings meaning to gender based on observed biological differences (Bartky 467). In accordance with this binary, women are socialized by various societal institutions into “performing” gender in a number of set ways. As Bartky argues, such mannerisms are significantly more restricted than those performed by men due to the fact that women are consistently socialized into the submissive or deferential position while men are largely socialized to be assertive and dominant. Based on Bartky’s critique of institutional control directed specifically against female bodies, I argue that discussions of sexuality, abortion and reproduction in general fall into the same category of specifically “female” control and subjugation otherwise ignored by Foucault.

In regards to sex and sexuality, women as a group and society as a whole have historically been socialized to believe that a “good” woman is sexually submissive and pure, and as such should not engage in sexual activity outside of the realm of heterosexual marriage. In accordance with the reward and punishment system inherent in the functioning of the panopticon, women who fit this ideal are generally rewarded and praised by society while women who fail to meet these expectations have been punished to different degrees. Punishments for deviant female sexuality can be seen at every level of society from individual

stigmatization of “impure women” to institutionalized legislation surrounding issues like adultery, divorce, birth control and abortion. In his book on female deviance, stigma and social control, sociologist Edwin M. Schur, refers to women as “all purpose deviants” in that by simply being female women deviate from the assumed norm of maleness and are thus presumed to be in violation of the gender system (Schur 9). The same could be said for a number of other identity groups, specifically anyone who is non-white, non-heterosexual, non-cisgendered, able-bodied etc. In this vein, Schur argues that deviance is thus not inherent to individuals or to specific behavior but rather that deviance labels are based on specific external responses to set behaviors. For example, “deviant” behaviors like female promiscuity may be interpreted in a number of different ways, with the same behaviors being cast as liberating by some and deviant by others. According to Schur, who draws on the work of sociologist Howard S. Becker, labeling behaviors and individuals “deviant” is based on the notion that such actions or people “pose some kind of threat to (the) specific interests or overall social position” of the group in power (Schur 9). To revert back to the Foucauldian model, behaviors labeled deviant can generally be seen as in defiance of, or posing a threat to, existing institutions and hierarchies of power and control. For this reason these behaviors are heavily punished by oppressive social structures, and overtime even become self-policed as individuals conform to societal rewards and punishments.

The social and legal criminalization of abortion is a key example of institutionalized punishment for female sexuality and perceived deviant behavior. According to Schur, in itself “a demand for abortion is frequently viewed as a type of social deviance...” in that it violates deeply rooted norms of proper female sex and sexuality (Schur 98). In Chile today the criminalization of abortion is deeply embedded in nearly all facets of society at both the

institutional level, through laws, organized religion and other social structures, and the individual level through widespread silence and secrecy around the topic in the private spheres of family and other interpersonal relationships. Although in recent years the taboo around abortion has begun to shift, as reflected by the change in the law to allow abortion in three cases, overall the power of certain conservative, catholic and patriarchal institutions within the country has perpetuated the link between abortion and deviance. Despite the fact that married women have repeatedly been found to abort at higher rates than unmarried women, the practice of abortion has long been associated with and delimited to immoral sexual behavior, sex work or otherwise improper women (Schur 98 and Guttmacher Institute).³ Thus, by prohibiting access to abortion or birth control services and reproducing the social stigmatization of the practice, women are punished for their sexuality in ways that men, by being unable to carry children, are not. Specifically in Chile, the “punishment” for female sexuality, unwanted pregnancy and/or abortion may take the form of anything from a prison sentence, to social ostracization, forced maternity, and unsafe and even sometimes deadly clandestine abortion.

To many these situations may appear as tragic realities for which no one can truly be blamed. The lack of a clear subject-object, perpetrator-victim relationship, however, does not mean that violence does not exist, nor that fault cannot be placed. In relation to Foucault and Bentham’s Panopticon, the disciplinary actions of institutions, like those that inflict violence as a form of control over Chilean women, can be traced back to the centralized source of power, the tower, or in this case the state. In his essay “Violence, Peace and Peace Research”, Johan Galtung introduced the term structural violence to refer to violence, like that caused by the criminalization of abortion, which is caused by indirect forces such as laws or policies rather

than by some direct force with one or more individual actors. According to Galtung, “violence is built into the structure and shows up as unequal power and consequently as unequal life chances” (Galtung 171). In other words, structural violence, rather than directly causing physical or mental harm to an individual, creates the specific situation under which this violence may occur. In this case, because abortion is a constant reality in all human societies, the structure of the abortion law that makes access to safe, legal and affordable abortion impossible, and ensures that it is not only possible, but almost inevitable that women will be affected by violence of some sort. In particular, due to the combined coercive and punishing effects of other social, political and economic institutions, certain groups of women, largely poor, rural or women of indigenous or other non-European descent, will experience disproportionately higher rates of violence due to the structure of the law.

In many ways, forms of structural violence like the violence caused by the abortion law is even more pernicious than direct forms of violence in that it is rarely traced back to the original source. As Galtung explains, in both personal and structural violence “individuals may be killed or mutilated, hit or hurt... and manipulated by means of stick or carrot strategies but whereas in the first case these consequences can be traced back to concrete persons or actors, in the second case this is no longer meaningful” (Galtung 170-171). While in general an individual who enacts interpersonal violence on another may be legally held accountable for their actions, violence caused indirectly by discriminatory legal structures is much more difficult to attribute to any actor or group of actors other than the “victim”. Furthermore, it is often not even considered to be violence in the first place because of the lack of identifiable perpetrator. For example, to date the Chilean state has not and likely will never be held legally culpable for any death, health

problem or other negative outcome related to unsafe abortions, which leaves victims and their families without any recourse for justice or remuneration. Like most institutions, laws, similar to the total abortion prohibition, are typically seen as normal, just, and natural by the general public. In a sense they are invisible. Even when a person comes into contact with an unjust law, in this case by facing an unwanted pregnancy, most people tend to see a deficiency in the individual rather than in the legal system. In other words, the individual in question is labeled “deviant”, based on a variety of individualized factors, which are then used to justify her situation, and allow the overarching political scaffolding to remain largely un-critiqued and unchanged. While in Chile, the conversation over the unjust nature of the abortion law has increased in recent years, even with the recent legal change the individual who aborts continues to be seen as culpable in all but the most extreme of cases, such as fetal malformation and threat to the life of the mother although typically not in cases of rape where broader society has consistently sought to place blame with female survivors rather than with perpetrators.

Thus, most women who face unwanted pregnancies are left with no path that does not include violence, whether it be unsafe, illegal and costly abortions or forced maternity. Further, based on the structure of the law and its widespread acceptance, these individuals are left without a single recourse to protect themselves and their rights as human beings. In addition, this violence is not limited to those women who actually do become pregnant and face the choice to abort, but rather to all women through the threat of incarceration and the fear of facing an unsafe and illegal abortion or forced maternity at some point in their lives. Thus, through the structure of the abortion law and the corresponding institutionalized responses to said law, women as a group are subjected to sexist violence which inhibits them from realizing their full potential and

reinforces their position as a subjugated class. While such violence will be discussed in more specific terms in chapter three, generally, the abortion law can directly be linked to women's economic oppression, both physical and psychological violence, forced maternity, legal punishments including jail and major health risks even including death.

Moving Beyond Violence: Bodily Self-Determination and the “Right to Choose”

In her book, *Abortion and Women's Choice: The State, Sexuality and Reproductive Freedom* Political Scientist Rosalind Petchesky highlights the link between pregnancy, the denial of access to contraception and abortion, and the subjugation of women as a whole and begins to develop what she considers to be an inclusive reproductive rights framework. At a basic level Petchesky sees choices surrounding pregnancy and reproduction as a necessary right of women based on the biological constraints of the female body and its relationship to pregnancy and birth. According to Petchesky, “Because pregnancies occur in women's bodies, the continued possibility of an “unwanted” pregnancy affects women in a very specific sense, not only as potential bearers of fetuses, but also in their capacity to enjoy sexuality and maintain their health” (5). In other words, because women and not men bear the physical burdens of pregnancy logic dictates that women should be the ones to decide over their own individual reproduction.

Furthermore, Petchesky argues that within modern society, the highly specific effects of unwanted pregnancy likewise extend beyond the nine months of gestation and continue throughout the childrearing process. According to Petchesky, “under the existing division of labor between the sexes, (women) are the ones most affected by pregnancy, since they are the ones responsible for the care and rearing of children”(2). While this division of labor may not be

applicable to all cases, beyond biology, women as a group remain socially most responsible for child-care, a value deeply imbedded in the institution of the heterosexual nuclear family, which generally casts men as the breadwinners and women as homemakers. Thus, it is based on these deeply imbalanced effects of pregnancy that reproductive rights theorists assert that each individual woman should be the one to decide regarding contraception, abortion and the decision to have a child as it concerns her own body and her own life, and not the body or life of another.

In many ways, the idea of confining reproduction to solely the female sphere may seem incompatible with ideas of equality and shared responsibility that many feminists desire. Petchesky argues, nevertheless, that while in the future it may be desirable to share responsibilities for reproduction equally amongst all people, the constraints of current society mean that if women wish to keep their rights as human beings, particularly the right to “bodily self-determination,” a concept that will be discussed below, they cannot afford to relinquish control over their reproductive rights. As Petchesky points out, “we (as women) have never experienced the concrete historical conditions under which we could afford to give it (reproductive decision making) up” (3). In other words, to date there has never existed a society where allowing men decision making power over the reproduction of women has not resulted in the increased oppression and subjugation of women, whether it be forced maternity, sterilization or other forms of forced reproductive control.

As mentioned above, the idea of control over one’s body, or “bodily self-determination” is a key tenet of most feminist views of reproductive rights, as evidenced by the “pro-choice” movement that promotes women’s right to choose regarding their own bodies. Dating back to the 17th century, the liberal principle of “bodily self-determination” or “bodily integrity” was seen as

a natural right, based on the idea of “property in one’s own person,” with control over one’s body seen as a central part of full personhood (Petchesky 4). During this period, many groups of people including certain ethnic and racial groups, women, peasants and other marginalized or devalued individuals were denied the right to full personhood in that their lives and their bodies were practically and legally seen as the property of another (full) human being. For example, in Chile up until 1989 they considered women and children legally to be the property of their fathers and husbands (Valenzuela 162). Despite having gained the right to vote in 1949 and having favorable inheritance laws since the late 19th century (Deere and Leone 56-61), women were not considered full persons under the law (Farías). Therefore, reproductive rights frameworks respond to this history of ownership and control of marginalized female bodies by explicitly taking into account the right of all women to make decisions regarding their own self-determination and their own own body.

As Petchesky points out, choice over one’s own body does not exist in a vacuum wherein legality becomes the only factor determining ones ability to freely choose. Instead, choices are made under very specific social and material conditions that define how and if the legal “right to choose” will be realized. For example, in the case of abortion having the legal “right to choose” but lacking the social and material resources to do so (access to affordable abortion technologies or social and familial support), renders said “right to choose” wholly meaningless. There are multiple diverse factors which might constrain a woman’s ability to “freely” exercise this right even in optimal legal conditions including her class status, geographic location, racial and ethnic identity, age, employment status, access to medical care, education level, medical history and

even the character of her interpersonal relationships with friends, family and sexual or romantic partners. Drawing on Marxist theory, Petchesky explains that,

“A woman does not simply ‘get pregnant’ and ‘give birth’ like the flowing of tides and seasons. She does so under the constraint of material conditions that set limits on ‘natural’ reproductive processes.... she does so within a specific network of social relations and social arrangements involving herself, her sexual partner(s), her children and kin, neighbors, doctors, family planners, birth control providers and manufacturers, employers, the church, and the state.” (9).

Overall, this reality indicates that while the legal “right to choose” is both necessary and desirable based on the acknowledgement of women’s personhood, the current social realities of reproduction and responsibility and the principle of bodily self-determination indicate that the right to choose alone is insufficient.

Thus, a fully developed “feminist” perspective of abortion would seek not only the attainment of legal rights, but also a radical change of the current social and material conditions that limit women in differing degrees from exercising such rights. As such, for the “right to choose” to really matter, true and sustained access to affordable, legal and safe abortion with the absence of social stigmatization would have to be available in equal amounts to women of every class, race, gender identity, degree of ability, nationality and so forth. In other words, true reproductive freedom would automatically require the end to all forms of subjugation that prevent women from exercising their full rights as human beings. That is to say, because all forms of oppression, subjugation and social control are inextricably linked, under a reproductive justice framework, freedom for women will not be achieved until there is freedom for all women.

As feminist and civil rights activist Audre Lorde once said, “I am not free while any woman is unfree, even when her shackles are very different from my own”(Olson). This statement, given in a presentation at the 1981 National Women’s Studies Association Conference, underlines a fundamental concept in the imagination of true reproductive justice. Even under the cover of complete legality, true reproductive freedom will not exist until it is a reality for all women, not just those women who are privileged enough to pay for or easily access abortion services.

Thus overall, the “feminist” perspective employed in this study stems first and foremost from the recognition of the denial of access to abortion as a form of social control and structural violence, made possible by a state that was not designed to serve the needs of women of any group, and particularly not the needs of women who are marginalized in ways beyond their gender. In the final chapter, I detail the realities of this social control and structural violence on the lives of seven of the countless women who have been affected by limits on access to abortion in the wake of the Pinochet dictatorship from 1973 to 1989. Overall these stories can be considered a form of testimonial literature, or in the words of George Yúdice, “an authentic narrative, told by a witness who is moved to narrate by the urgency of a situation (e.g., war, oppression, revolution, etc.)” Such literature places an emphasis on “popular oral discourse”, wherein, “truth is summoned in the cause of denouncing a present situation of exploitation and oppression or exorcising and setting aright official history” (Sklodowska 86). Thus, in accordance with the aims of testimonial literature, I employ personal testimonies in the hope of showing the urgency of not only the legal “right to choose”, which by itself would allow true reproductive freedom to only the most privileged, but also a complete eradication of all social systems which serve to limit women of any social group.

Chapter 2: Shifting Ideas of Womanhood, Reproductive Rights and Abortion in Chile from 1874 to the Present

Abortion legislation in Chile has not followed a linear progression, rather progress, in the sense of broadening rights, has corresponded to particular social and political conditions that have produced a pattern of gains and losses in access to abortion services. Overall, such trajectories correspond to three broad periods: legislation and the development of reproductive rights 1) prior to the rise of socialism in 1970, 2) during the socialist republic of President Salvador Allende, and 3) during the dictatorship period and in the transition to democracy from 1990 to the present. Each period is defined by a key set of policies and societal views on abortion, women's connection to reproduction, and women's rights as a whole that ultimately have shaped the current understanding and legislation surrounding abortion in Chile today. In the following chapter, I seek to illustrate an evolving understanding of reproduction, abortion and women's place within Chilean society in relation to a set of key historical developments both within Chile and on a global level. Through this illustration I hope to provide a context for how Chile, a country defined by remarkable economic progress on both a regional and global scale, ended up with one of the most restrictive abortion laws in the entire world.

Early Legislation and Perspectives on Abortion: 1874-1970

The 20th century in Chile was a time of enormous growth both in the traditional sense of population, industry and economic development and also in terms of reproductive freedoms and women's rights. Throughout the century Chilean women began organizing on local and national levels with demands ranging from educational reform, to reproductive rights and to the right to

suffrage, which was gained on a municipal level in 1935 and a national level in 1949 (Fariás). In terms of reproductive rights and abortion, this period likewise saw rapid growth in reproductive technologies and a gradual broadening of the abortion law. Despite the progress in terms of reproductive choice gained during this period, oftentimes such progress came about not as a result of an improved understanding and discussion of women's reproductive rights, but rather in many ways as a result of broader concerns surrounding modernity and Chile's status as a nation on an international level.

While there is evidence that abortion has occurred in one form or another in most if not all societies throughout history, the practice was not specifically mentioned under local or national law in Chile until 1874 when a series of reforms were added to the Chilean Penal Code that explicitly criminalized the practice ("Ley No 21.130"). These reforms, which constituted articles 342 to 345 of the code, made abortion illegal in all circumstances "outside of those permitted by law" ("Ley No 21.130"). At the time, however, not a single case existed in which abortion was legally permitted. Specifically the Penal Code mandated punishment for anyone who "maliciously causes an abortion," who "with violence occasions an abortion even when he has not intended to cause it", including any "woman who causes her abortion or consents to another person causing it" or any "practitioner who, abusing his position, causes the abortion or cooperates in it" ("Ley No 21.130"). At the time the law provided no circumstances under which a woman could legally abort or conditions under which any person, physician or otherwise, could assist within an abortion, even in the case of threat to a woman's life. Additionally, under this law pregnant women who had abortions and anyone who assisted or performed an abortion faced up to ten years in prison, albeit with significantly harsher penalties for those who "maliciously"

caused an abortion through violence against the pregnant woman compared to the women themselves (“Ley No 21.130”).

There was one factor, however, which the law explicitly cited as justification for a lighter sentence, a provision that highlights the Chilean government and society’s view of female sexuality at the time. Under article 344 of the Penal Code, “Women could reduce their prison sentences if they testified to the need to protect their honor, which was connected to the honor of their families. If a woman had committed the crime of inducing abortion to “hide her dishonor” - and to “diminish” the consequences of what had been the betrayal by a man who had abandoned her - she was defending the proper standards and gendered traditions,” (Mooney 52). Other cases, including economic difficulties, rape, and even threat to the life or well-being of the mother were never explicitly mentioned as factors meriting a reduced sentence, although a lenient judge could technically take such factors into account during sentencing. The addition of this article in the Penal Code highlights the importance given to honor and morality within ideas of sexuality, particularly female sexuality. During this time and in the decades after, sex and reproduction were essentially linked, with any sex outside of the confines of marriage, particularly for women, seen as immoral and wrong. Even discussions of sex or sexuality, at least in the public sphere, were incredibly rare with such topics largely seen as taboo based on both religious and secular codes of morality. Drawing off similar ideologies, abortion was likewise condemned due to its association with both the murder of a child and its correlation with improper sexual behavior particularly sex for non-reproductive purposes (Mooney 27-28).

In 1931, for the first time in the country’s history, the Chilean government legally allowed access to therapeutic abortion, albeit in limited cases. The 1931 law, implemented under

the presidency of President Carlos Ibáñez del Campo, allowed therapeutic abortion with the permission of two medical professionals, typically granted to women whose lives were in jeopardy (Mooney 52). Despite this legal modification, in 1931 ideas of sex and sexuality had changed little and clandestine abortions remained the norm, leading to a large number of preventable, abortion-related deaths and other serious health complications. In 1936 a Santiago doctor, Dr. Gazitua claimed that a suspected “451 (42.8 percent) of a total of 1,068 abortions⁴ that were attended to in his health service were self-induced,” while another doctor, Dr. Rodriguez claimed that “in the maternity ward of the San Borja Hospital, eighty-four women died in the process of giving birth, compared with the much higher number of 282 women who died as a consequence of self-induced abortion outside the hospital” (Mooney, 52). During this period both maternal and infant mortality rates soared, with an astounding 263.4 infant deaths per 1,000 live births in 1929, a statistic that positioned Chile as one of the countries with the highest infant mortality rates in the world (Mooney 52).

In response to these statistics some physicians and feminists highlighted the need for a more relaxed stance on both abortion and contraceptives, that while legal were often difficult to obtain, in order to prevent the high numbers of abortion related deaths. Further, in 1936 Chilean Feminist groups stressed the need to address issues facing working women especially those “affected by unwanted pregnancies and unsafe abortions” and the same year at a medical convention in Valparaíso, Chilean doctors proposed “relaxing restrictions on induced abortion and the distribution of contraceptives” (Mooney 52). Beyond these few limited voices, however, the majority of medical professionals and policy-makers were unprepared or at the very least unwilling to face the consequences of recognizing contraception, abortion and abortion related

deaths as matters of public concern. Instead doctors cast high infant and maternal mortality rates not as a sign of deficiency in the State or the healthcare system, but rather as the fault of those most vulnerable within Chilean society; poor women. Through the imagery of “unfit motherhood”, the public health crisis became the fault of women, specifically poor women many of whom had migrated to cities as a result of rapid industrialization earlier in the century (Mooney 21).

Throughout the 1920s rural workers, the majority of whom were woman, began a mass migration to cities all over Chile, particularly the capital Santiago, where the population doubled within the first two decades of the 20th century (Casas 430 and Mooney 15). As a result of this mass migration, overcrowding and poverty soon became rampant throughout cities, a factor doctors and policy makers quickly took advantage of, equating high mortality rates with “ignorant”, “poor” women “unable to cope with motherhood on their own” (Mooney 19). In particular, poor working women were targeted for their ‘choice’ to abandon their duties to motherhood and the family in favor of work in factories or as domestic workers. Through the rhetoric of unfit motherhood, working women were painted as incompetent and untrustworthy. They were often assumed to abort at will and those women who were also mothers were continuously cast as neglectful and un-maternal. In the words of Dr. Victoria García Carpanetti, such women had neglected their moral and natural obligation to motherhood and the home and instead had begun a “dangerous phase of life, provoking abortions that killed future human beings, and often the mother herself” (Mooney 50). Such rhetoric, which was common at the time, stigmatized working women while deliberately ignoring the structural, and particularly class hierarchies at play that allowed some wealthy or middle class ‘model mothers’ to remain in

the domestic sphere while forcing other so called 'unfit mothers' to venture out into the workforce in order to support themselves and their families.

Beyond shifting blame for the maternal and infant mortality crisis in Chile from medical professionals and policy-makers to poor mothers, discourses of unfit motherhood likewise provided a useful tool in reinforcing strict gender roles and patriarchal power throughout Chilean society. Through the image of the unfit mother who caused her child's illness or death through her work outside of the home, doctors and politicians reproduced the association of women with motherhood and the domestic sphere, effectively maintaining public space and power concentrated in the hands of men. By stigmatizing working women while simultaneously elevating women who remained within the home, social pressures ensured that women, particularly in the middle or upper classes, would remain within the private or domestic sphere, thus limiting their ability to generate social change. This stigma decreased the likelihood that middle and upper-class women would challenge dominant ideologies, laws, and policies put in place by male politicians, such as the legally recognized authority of male heads of household over their wives and children (Mooney 31). Additionally, because of the demands of everyday life imposed on poor and lower-middle class women, they too did not have the luxury or the time to mobilize against unjust patriarchal laws. Despite the confinement of most middle and upper class women to domestic life during this period and the marginalization of poor women, some woman took part in important feminist activism through organizations like *El Partido Cívico Femenino* (The Female Civic Party) founded in 1919 or *El Movimiento Pro-Emancipación de las Mujeres de Chile* (The Movement for the Emancipation of Women) commonly known as MEMCH which was founded in 1935 (Farías). Such women were instrumental in the expansion

of women's rights in Chile, working to improve access to higher education, protection for female workers and to gain universal female suffrage (Fariás and "MEMCH").

Finally, the image of the unfit mother served yet another purpose in Chilean national policy during this time, becoming a key justification for increased control over poor women's lives and over their reproduction. Because unfit mothers and the corresponding public health crisis were seen as contrary to progress and modernity, doctors and politicians took every measure to, in their view, solve this problem. Thus, rather than expanding access to health care, birth control and abortion, or attempting to address the structural factors behind rampant poverty, policymakers and physicians put in place a system of surveillance that would monitor poor women during pregnancy and throughout the upbringing of their children. Through the expansion of the Institute of Small Infant Care that had traditionally assisted women during pregnancy and birth, doctors began "finding pregnant women long prior to childbirth, supervising and assisting them before birth, in the process of giving birth, and until the end of child-raising" (Mooney 21).

Through such policies, groups of sanitary nurses, known as Visitadoras, who in many ways embodied the ideal of motherhood and propriety, began to supervise the mothering practices of poorer women, even going so far as to educate them on sexual propriety, morality and "Christian marriage and motherhood" (Mooney 31). This program was deemed so important that by 1928 the Department of Sanitary Education mandated that all children born in Santiago's public hospitals be placed under the supervision of visitadoras (Mooney 39). Through this practice the Chilean State was able to monitor every aspect of poor and working-class women's lives, implementing strict state surveillance with little regard for the privacy, rights or feelings of

the families and women involved. Such policies are deeply related to the Foucauldian model of institutional punishment, surveillance and control described in chapter one. A central feature of the Foucault and Bentham's Panopticon revolves around the idea of constant surveillance, specifically surveillance with the threat of punishment which thus forces individuals to police themselves and their behavior. In this case, through constant state vigilance and interference poor and working-class women are forced to police their own actions and align their behavior, and sometimes even beliefs, to the will of the coercive apparatus of the state.

Despite these highly-invasive efforts, surveillance and interference in poor women's lives did not change the realities of infant mortality which reached 129 deaths per 1,000 live births in 1952, one of the highest rates throughout the American continent (Mooney 49). Nor did the constant policing and morally based sexual education of working-class Chilean women alter the high rates of clandestine abortion and maternal mortality which by the 1950s had reached "epidemic proportions" (Mooney 45). In 1965, public hospitals reported a total of 56,130 *documented* abortions (the number of actual abortions likely would have been significantly higher), or 29.1 abortions per 1,000 women of childbearing age (15-49). That same year maternal mortality rates reached a staggering 28.3 deaths per 1,000 women (Thomas 80). While in the 1950s this bleak reality was not drastically different from previous years, in the eyes of policymakers the time was finally right to shift the focus from unfit mothers, which had been proven largely unsuccessful, and to the discussion of abortion and the regulation of reproduction in the public sphere. Nevertheless, it would be deeply misleading to think that this shift in tactics was solely out of concern for the women and families affected.

At the end of World War II (1939-1945) and the beginning of the Cold War (1947-1991), modernization became a paramount concern among Chilean elites, politicians and health officials who strove to distance themselves from ideas of backwardness and to establish Chile as a 'modern' and 'progressive' nation. Under this mentality, high rates of infant and maternal mortality became a source of shame and concern for government officials who had previously dismissed the problem as simply a result of bad women or "unfit mothers" and not as a matter of real national priority. In addition to such concerns over maternal mortality, many throughout Chilean society, particularly within the upper classes, became increasingly preoccupied with the idea of population control and over-population, again related to notions of modernity, economic prosperity and the status of the nation as a whole. To many population planners increased access to abortion and new and improved contraceptive technologies provided clear solutions to the problem of overpopulation, which continued to be seen as a result of the lower classes irresponsible sexual behavior and uncontrollable reproduction. Taken together, concerns over high maternal and infant mortality rates and the threat of overpopulation prompted doctors to tackle clandestine abortion and poor access to reliable contraceptives with a new intensity. However, the increased access that would come as a result of such fears had little to do with women's reproductive rights and everything to do with the status of Chile as a nation within the international sphere.

As with abortion, ideas of population control, whether it be an overall increase, decrease or the management of specific populations within a larger state, have existed in most societies throughout history. In the 20th century increasing populations once again became a cause for concern among world governments, policy-makers, population planners and doctors largely in

response to fears over rampant poverty, overcrowding and food shortages. As early as the 1930s fears of overpopulation and recommendations for population control began to arise throughout the Americas, with one Chilean doctor, Dr. Benjamín Viel warning of “demographic explosion” as early as 1937 (Hartmann and Unger 85). However, it was not until the 1950s that such fears really began to take hold on a global scale. During this period, wealthy individuals, governments and public and private institutions from the United States played a pivotal role in the rise of population control initiatives throughout the world. Chile was no exception. Influential doctors like Viel who like many of his colleagues was trained at Johns Hopkins University in the United States, often worked in conjunction and with the financial backing of U.S. institutions like the Milbank Memorial Fund, and the Rockefeller and Ford Foundations (Hartmann and Unger, 85). Simultaneously international organizations mostly based in Europe, like the International Planned Parenthood Federation (IPPF) and the World Health Organization (WHO) likewise played a pivotal role in educating and funding Chilean doctors (Mooney 63-64). For example, beginning in 1964 the IPPF gave a total of \$50,000 towards family planning efforts, a sum which was raised to \$86,000 in 1965 (Mooney 64). Through such donations and the backing of influential global organizations, family planning and population initiatives began to take hold throughout Chile, eventually leading to increased reproductive technologies and later on, the shift of abortion from the criminal to the medical sphere.

However, while family planning initiatives may have led to improved conditions for women globally, such efforts were in many ways a result of broader international phenomena that extend beyond the simple explanation of women’s reproductive rights or even of overpopulation. In particular, the Cold War and fears of the spread of communism were highly

influential factors behind U.S. population control efforts and the subsequent development and dispersement of reproductive technologies. Specifically, working classes globally were seen as major threats to U.S. global power and to the power of the capitalist system as a whole, which relied on the cooperation and subjugation of working classes. For this reason, U.S. efforts at population control were targeted directly at working class and poor families, like those Chilean women targeted by rhetorics of unfit motherhood earlier in the century. In the eyes of U.S. population planners, leaving the poor to decide over their own reproduction would soon lead to overpopulation which eventually would lead to revolution and communist takeover. Throughout this period advertisements and other propaganda campaigns portrayed “‘hungry nations’ filled with people who could ignite the ‘population bomb.’” Such campaigns warned that the poor would “imperil” or “threaten the peace of the world” and that their “growing discontent would inspire social revolution.” Drawing further on paradigms of modernity, civility and barbarism advertisements further added that “the ever mounting tidal wave of humanity now challenges us to control it, or be submerged along with all our civilized values” (Mooney 65). Thus, while the specific strategy may have changed, once again condemnation of the poor, particularly poor mothers, became a key component of Chilean national policy and propaganda, albeit this time with the financial support of U.S. institutions seeking to curb the spread of communism and the power of the poor in Latin America.

Thus, in response to this combination of domestic and international factors Chilean doctors and researchers began to work urgently to develop and improve existing contraceptive techniques and to distribute them to their (largely poor) patients. Beginning in the 1950s , a period that ironically coincides with the eugenics and sterilization period for undesirable

populations in the U.S., Chilean doctors began a series of experiments on their unsuspecting patients, largely poor and uneducated women. Overall this research was undergone in the attempt to develop a new form of contraception more permanent and reliable than condoms. One doctor, Jaime Zipper, gained international fame after the development of the Zipper ring, (Casas 431) an intrauterine device which in 1959 he inserted in some 600 women without authorization and with minimal or no explanation (Mooney 57-58). While his initial experiments were done without institutional knowledge or approval, Zipper was given official approval of his experiment after being discovered and being briefly reprimanded after a woman arrived to the hospital with unexplained bleeding. In reference to his initial unauthorized experiments, Zipper claimed that he gave his patients information about what he was doing, but that “within [their] lack of culture, [He didn’t] think that [they] could have understood much of it” (Mooney 58).

Zippers statements, and the reactions of his colleagues to his behavior, indicate the medical community’s view of their largely poor, working-class female patients, and the prioritization of international and domestic agendas over the wellbeing of such patients during this time period. According to Mooney, “Doctors did not question their experimenting with human bodies and showed no concern for the consequences the trials had on the lives of those women who had been exposed to different substances” (60). As demonstrated, many doctor’s work was motivated not by a feminist ethic or notions of autonomy over one’s body, but rather by the desire for fast, effective medical advances which while important, put thousands of women at risk and ultimately prevented them from making informed decisions about their reproductive health.

On a broader level, research produced by Zipper and doctors like him provided valuable information for physicians and researchers worldwide, predominantly in the United States and Europe who were working to develop enhanced reproductive technologies (Mooney 60). Such experiments on poor or otherwise marginalized women were a common characteristic of the development of reproductive technologies throughout the world, with physicians using the bodies of women whom they considered incapable, or in the words of Zipper with a lack of “culture”. More precisely, such doctors and researchers knew, at the very least subconsciously, that the economic and social positions of these women meant that they were effectively powerless to stand up against any member of the medical community. Based on strict class and gender hierarchies and the overall power of the medical community in Chile, such women were left unable to advocate for themselves without risking their basic health services. This silence allowed doctors to experiment on their bodies practically at will. In the end, the international and U.S. institutions and individuals that had invested in Chilean family planning efforts and research in the 50s and 60s were doubly rewarded. For one, the success of population-control efforts led to lowered birth rates and reinforced stigmatization of the lower classes, two important tools needed for the fight against communism. Secondly, through investments in Chilean doctors and researchers, the United States and other global powers benefitted from unethical experimentation without having to assume direct responsibility or to further utilize their own citizen as test subjects.⁵

Overall, population control and family planning efforts in Chile were wildly successful. By the mid 1960s most women in cities had reliable access to contraceptives and family-planning centers began popping up nationwide, with a total 102 centers in existence by 1966,

(Mooney 94) and by 1971 enough centers to reach roughly forty percent of the population (Casas 431). Additionally, by 1967 government funds allowed an estimated 158,000 women to receive such contraceptive services free of charge, an important step for poor women's ability to control their own reproduction but also a signifier of the government's desire to limit birth-rates among poor women (Mooney 94). Thus, in accordance with this increased investment both abortions and maternal deaths saw a dramatic decrease (Casas 431). In conjunction with these developments, the national dialogue surrounding contraception, abortion and women's relations to such practices began shifting. For example, rhetoric on unfit motherhood gradually changed in tone if not in underlying content, becoming less about shaming poor women and more about praising those who embraced government sponsored birth control projects for the good of all society. In particular, women who embraced IUDs and birth control became known as 'program acceptors' for their willingness to align with the wishes of the medical establishment and the state. During this time, women were widely praised for doing their part for the Chilean nation by limiting population growth which could "destroy their quality of life" and the quality of life in the country as a whole (Mooney 61-63).

In this same vein, national perspectives on abortion soon began to change, shifting away from the harsh criminalization at the beginning of the century towards "medicalization", or the treatment of abortion as a medical rather than a criminal issue. Due to the relative power of the medical community in the 1960s and 70s, many doctors were able to influence not only policy but also public opinion, latching on to the term "right to life" to refer not to a fetus's right to live but rather to a woman's right to not die from unsafe abortions (Mooney 63). Under the right to life rhetoric, abortion gradually became more and more accepted throughout the nation with

doctors and legislators alike pushing for a change to the abortion law. In the early days of the Allende Presidency, high ranking officials including Allende himself commented on the need to reform legislation of abortion allowing the practice to be performed in cases other than those traditionally associated with therapeutic abortion (Mooney 122). In 1971, a small group of doctors, took advantage of this accepting political climate to expand the definition of therapeutic abortion to include women seeking abortion based on everything from economic need, to age, to the desire not to have a child. These doctors, working out of Barros Luco Hospital in Santiago, openly provided abortion services to a wide array of women for the first time in history, thus intentionally extending the definition of therapeutic abortion without technically changing the law (Mooney 123).

During this period the majority of Chilean society was at the very least tolerant if not openly in favor of birth control and to a lesser extent, abortion. Even many within the Catholic Church, an institution often associated with strict opposition to both birth control and the practice of abortion, were largely supportive of the family planning initiatives due to their positive effects on women's lives and maternal mortality. Before the writing of the *Humanae Vitae* which officially and explicitly condemned both birth control and abortion, many bishops and priests endorsed contraception and other family planning techniques for members of their congregations. As one priest working in a poor neighborhood in Santiago said, "it is . . . difficult to be too strict [on contraceptives] . . . when you see how [the poor] live" (Mooney 85). This position was exemplified by the 1967, "Declaration of the Chilean Episcopate about Family Planning" which referenced the fears of a demographic explosion and concerns over maternal mortality and declared the Catholic Church's "tolerance for couples personal decisions to use

contraceptive devices” (Mooney 87). While this position was ultimately reversed in the 1968 *Humanae Vitae* (Of Human Life), for a brief period of time the Catholic Church to some degree saw the need for birth control if not explicitly abortion in the lives of Chilean women and families (Mooney 88).

Overall, throughout the 20th century views of contraception and abortion took on an entirely new dimension with both internal and external pressures forcing doctors and legislators to rethink the traditional criminalization of abortion and reluctance to speak publicly on matters of sex and contraception. Although such developments were often not a result of an increased understanding of women’s reproductive rights or physical and psychological needs, the period from the 1950s to 1970s saw a rapid increase in reproductive technologies and a rapid progression in understanding of the value of abortion from a medial perspective. Were such processes to have continued uninterrupted it is likely that abortion may have become fully legalized in the coming decades, on par with countries the United States, Canada and much of Europe. However, the political turmoil of the next decade undermined this trajectory, providing new challenges both for the reproductive rights movement and the country as a whole.

Women’s Rights, U.S. Imperialism and The Rise and Fall of Socialism in Chile

Like much of the world, throughout the Cold War period many countries in Latin America were divided over ideas of social equity, socialism and revolution, leading many nations throughout the region to consider, if not actively obtain, communist or socialist leadership. For most countries within Latin America the rise of socialism was coupled by violent revolution or drawn out struggles between guerrilla groups and established governments. In Chile, the road

towards socialism took a different path, and in September of 1970 became the only country in the region to have a peaceful transition with the election of President Salvador Allende (Chasteen 267). While many traditionally associated with the liberal left lauded Allende as a hero to marginalized groups, including women, his short presidency was defined by a number of complex contradictions and conflicting allegiances between women's rights and the socialist mission, which more often than not ignored women's needs. In the end, the Chilean government under Allende faced concerns considerably larger than those over population control and abortion, concerns that ultimately led to the end of democracy and the beginning of an era of dictatorship and repression that would effectively eliminate women's control over reproductive rights in the country.

Navigating Women's Rights and Imperialist Fears

During his brief presidency Allende advocated for the democratization of the health care system, supported sex ed, and declared access to family planning methods as a basic right of all citizens (Mooney 106). Additionally, in his early career as a physician, and later as President, Allende called for the legalization of abortion, although he was ultimately unable to pass the initiative through an opposition-controlled congress (Mooney 122). While life under socialism was in many ways progressive for women, at the same time the government's position on such matters were often much less forward thinking. From the first moments of his campaign, Allende and his government, known as the Unidad Popular [Popular Unity], condemned family planning initiatives and the advances in contraception and birth control that came with them based on fears of U.S. imperialism designed to harm the poor and working classes of Chilean society.

When leaders of the Unidad Popular (UP) saw family planning initiatives, they saw principally U.S. control over Chilean society and peoples rather than initiatives to preserve the rights and dignities of women. These two issues, fears of U.S. imperialism and concerns over women's rights, often conflicted throughout Allende's three year presidency, as women's rights were consistently disregarded in favor of the overall welfare of the Chilean state.

Ironically, since the beginning of Allende's presidential campaign, women were central to his mission both as agents of change and as ideological tools. On one hand, women played important roles in the UP, actively integrating into organizing efforts, marches and demonstrations (Mooney 103). At the same time, the efforts of women on behalf of Allende, the Unidad Popular and the socialist agenda, were disproportional to the efforts that government expended on defending women's interests. Although Allende often claimed to support women and their needs, specifically within the realm of healthcare, as with earlier governments women's issues often remained relegated to the background. In many ways, the liberation of women under Allende's government was not seen as a goal in itself but rather something that would be achieved alongside other more important aims. The overall position of Allende's government in regards to women was that "social and political liberties (like women's rights) depended, first and foremost, on economic equality" meaning that the socialist struggle would be one of class over any other identity (Mooney 110). Under this logic, while women were expected and did actively incorporate themselves into the Unidad Popular and the socialist fight, those who expected "women's issues" to take precedence would be highly disappointed. According to Mooney,

"Although women of the left offered theoretical reflections and actively participated in the struggle to build a new society, it became clear that, in the eyes of the UP's male leadership, the men would lead the revolution and expected the women to follow.... He asserted that a woman's liberation would depend on her ability, first, to join the revolutionary struggle and, second, to participate fully in the construction of a new society" (113).

Thus, while women's rights were seen as desirable, such rights were not prioritized in the fight for social change but rather were assumed to be achieved naturally along with the liberation of the poor and working classes. Thus, women once again were cast in a supporting role in relation to their male counterparts within the political sphere.

In addition to being frequently overlooked, women's rights within Allende's government were many times limited to discussion of the domestic sphere and to women's role as mothers. In fact Allende himself directly equated women with motherhood, saying explicitly,

"When I say 'woman,' I always think of the woman-mother. . . . When I talk of the woman, I refer to her in her function in the nuclear family. . . . [T]he child is the prolongation of the woman who in essence is born to be a mother" (Mooney 102). This sentiment can be seen in the Unidad Popular's investment in Mother's Centers throughout the country as nuclei of support for the administration (Mooney 115).

Additionally, beyond this reference to "woman-mother", this idea of women as extensions of the family and of reproduction can likewise be seen in the Allende government's prioritization of broader societal needs over the needs of women to control their own reproduction. In particular, women's reproductive rights were pushed aside based on the idea that

family planning, contraceptives and abortion were tools of foreign, specifically, U.S. imperialism.

In response to interventions like that of the Rockefeller and Ford Foundations and the International Planned Parenthood Federation outlined in the previous section, the Chilean left began to mobilize against family planning initiatives and to change the previous rhetoric of medicalization and progress that defined earlier decades. Beginning as early as Allende's 1970 Presidential campaign, the liberal left and the Communist Party began to condemn family planning and contraceptive efforts. In August of 1970 the Communist Party newspaper, "El Siglo," explicitly accused Chilean health officials and medical professionals like Dr. Benjamín Viel, of "heading a campaign of North-American origin to pressure working class and peasant women into limiting births" (Mooney 106). The Communist Party, like many on the Chilean left, saw U.S. family planning efforts as a clear attack on the poor of Latin America designed to limit their population and thus their power to resist against wealthy nations like the United States and the capitalist agenda during the Cold War. While this argument was in many ways true, its popularity would have dramatic effects on women's newly-gained ability to regulate their own fertility and reproduction.

Although the Allende government never made any attempt to limit women's access to birth control and abortion, their policies around family size and the relationship of women to reproduction set a new tone for family planning in the country. In particular, the government began actively espousing "pro-natalist" or pro-birth policies that they felt would boost economic growth while resisting U.S. imperialist efforts. In 1971, Allende's health minister Oscar Jiménez openly denounced U.S. imperialism through family planning efforts, rejecting the idea that

underdevelopment in the nation was a problem of overpopulation (Mooney 123-124). Thus, despite Allende's earlier views on the value of birth control and abortion to improve women's health and lives, his government held a complex stance on the issue which provided mixed-messages to the Chilean public. While on one hand in the early days of the Unidad Popular, the nation's family planning centers flourished and more women than ever gained access to abortion services, the rhetoric around foreign imperialism and family planning created a new stigma around the topic. Thus, in response to the equation of family planning with U.S. imperialism and foreign oppression, APROFA, or *La Asociación Chilena de Protección de la Familia* [Chilean Association for the Protection of the Family], an organization which held a longstanding relationship with the IPPF and WHO, began to reformulate the discourse on birth control. Rather than emphasizing the ability for families to limit births, they reshaped the discourse changing the language to highlight "family rights," which allowed families to decide about the "number and spacing of their children" (Mooney 125). While this stance was moderately successful in reducing the stigma of foreign interference surrounding birth control and abortion, major upheavals within the UP government soon made such issues of rhetoric surrounding family planning largely irrelevant.

U.S. Interference and Cracks in the Peaceful Road to Socialism

For decades before the election of Salvador Allende the United States' government held an active interest in Latin America and in particular, preventing communist and socialist strongholds in the region. The foundations of such interference can be seen in a number of U.S.

government policies in the early 1960s, namely the Alliance for Progress and the U.S. Army's School of the Americas. According to Clark,

“In 1961 [President John F] Kennedy proposed a set of economic, political and military measures to the rest of Latin America, an ‘Alliance for Progress’, to tackle the socio-economic roots of revolution by seeding economic growth. At the same time the United States moved to transform and extend training programs for Latin American militaries... The training was guided by a doctrine that emphasized an international communist threat through subversion, shifting the focus of Latin American militaries from external to internal threats” (71).

While the Alliance for Progress ultimately failed to create significant economic change to deter communism, such early policies set the stage for what would be decades of U.S. interference in Chile socially, economically, politically, and militarily. Likewise, the military training at the U.S. funded and ideologically based School of the Americas referenced by Clark would come to serve a central role in the 1973 overthrow of President Salvador Allende and in the brutal policies of Dictator Augusto Pinochet. Through the School of the Americas, the U.S. military trained soldiers all over Latin America, molding them to believe in U.S. ideologies and teaching them brutal techniques designed to suppress communist ideologies within their own countries.

Thus, by the time Salvador Allende emerged as a serious candidate for the Presidency, first in 1964 and then again in 1970, the United States was already poised to interfere. In 1964, during Allende's first campaign for President, the Johnson Administration covertly expended over three million dollars through the CIA to support the Christian Democrat candidate Eduardo

Frei Montalva (Mooney 106). Through a series of “black propaganda” efforts, or “material falsely purporting to be the product of a particular individual or group,” the U.S. was able to shift the Chilean populous away from Allende and ensure the victory of President Eduardo Frei Montalva (Mooney 105). After the success of such efforts in 1964, in the 1970 election the Nixon Administration again channeled funds through the CIA in efforts to prevent Allende and the socialist Unidad Popular from attaining power. This time, the U.S. government gave \$20 million to the campaign of Eduardo Frei and millions more to Chilean newspapers and media outlets like “El Mercurio,” the country's largest daily newspaper, which received nearly 2 million dollars in 1970 in exchange for the promulgation of anti-Allende articles (Wallach). Together, these initiatives, which occurred prior to Allende's election, were referred to by the CIA as Track I (Track II would come after Allende's 1970 election), and involved a “massive anti-communist propaganda campaign... in the Chilean media aimed at demonising Allende... complemented by US support for Allende's political opponents” (Clark 73). Unlike in 1964, however, U.S. efforts to turn the tide of the Chilean Presidential election failed and in September of 1970 Salvador Allende won the Presidential election (Mooney 109).

Facing the rise of the first democratically elected socialist President in Latin American history, a clear threat to U.S. capitalist power in the region, the United States government began to mobilize against Allende with increased urgency. Because Allende had won by a small margin of thirty thousand votes, his victory required the confirmation of Congress. Thus, immediately post-election the United States government began trying to deter Congress from voting in favor of his ratification, offering bribes totaling over \$250,000 to legislators (Negin 30). In the end, this bribe policy failed and on November 3, 1970 Salvador Allende was inaugurated as President

of Chile. U.S. efforts to stop the spread of Communism in Chile, however, did not end with Allende's inauguration but rather increased in intensity, beginning what is now known as Track II. According to Mooney,

“The only option left for Allende's opponents was now a military coup. The more extreme Chilean opposition found a ready ally in the United States, and President Nixon ordered the CIA to begin preparations for Track II - a military coup in Chile (and possibly the assassination of Allende). Plans to destabilize the Chilean economy were drawn up as part of plans to create the psychological climate for a coup. While the CIA coordinated these plans, terrorist violence struck Chile for the first time. Bombs targeted supermarkets, the stock exchange, a television channel, railway lines and the main airport's fuel depot. Although the media attributed many of the attacks to mysterious and previously unknown left-wing groups, it was clear that the real instigators were right-wing groups opposed to an Allende government, which were being funded by the CIA” (92).

After the failure of Track I, the CIA devoted all their efforts to Track II, the overthrow of Allende through a combination of economic disturbances and military actions, culminating in a coup d'état. Part of this plan included the kidnapping of commander-in-chief of the Chilean army General René Schneider, a constitutionalist who strongly opposed any talk of a coup. In October 1970, Schneider was killed in a botched kidnapping attempt directly sponsored by the CIA (Kornbluh). Alongside such actions, which made possible the planned coup, the CIA and Chilean opposition worked to disrupt the economy to ensure unrest within the populous that could be seen to justify the overthrow of the government. By 1973, U.S. exports to Chile had lowered to

only 15% of the pre-1970 total, a decrease which had a crippling effect on the economy (Guzmán). For example, in 1973 due to a lack of spare parts coming from North America 1/3 of the transport industry became immobilized, leaving the country at a standstill (Guzmán). At the same time, bus drivers funded by the CIA went on strike, leaving only 600 buses available to do the work of 5,000 in the Santiago region. This strike severely limited the movements of most of Santiago's inhabitants, forcing them to walk miles in order to continue working during the stoppage (Guzmán). The effects of the U.S. government's economic policies were felt in profound ways, as the lack of basic consumer goods led to massive food shortages and starvation throughout the country (Mooney 109). During this period, such disruptions in Chile's economy logically became the central concern of most Chilean citizens, leaving issues of women's rights, birth control and abortion to become relegated to the sidelines.

These disruptions would soon become even more pronounced as the second element of Track II, the coup, became a reality. On May 29th, 1973 the Chilean armed forces sent a public letter to Allende declaring themselves autonomous in the event that Allende violated the constitution (Guzmán). This statement set the stage for the beginning of the armed forces blatant opposition to the Allende government. On the morning of June 26, 1973 roughly 80 soldiers along with six tanks attacked the Moneda Palace in the first attempted coup, known as El Tanquetazo or The Tank Putsch (Guzmán). However, the coup was not backed up by the rest of armed forces and was quickly quelled. The Allende government was not safe from military opposition and on the morning of September 11, 1973 all branches of the military rose up in what would be the fatal blow to the Allende government. Beginning in Valparaíso, the armed forces attacked strategic points throughout the nation before reaching the Moneda Palace and

President Allende at 9am (Harmer 11). Rather than escape to safety and prepare for what would likely become a violent civil war, Allende chose to remain in the palace, facing death rather than end his government of non-violence.

In his final moments, Allende gave a speech to the nation, broadcast over radio, urging them to continue on in his absence and giving thanks to those who supported him while simultaneously condemning those behind the coup. While Allende's speech is undoubtedly a pivotal moment in history, and one of many events which marked him as a hero to many, it too highlighted the gender politics of the time. In his last words Allende once again highlighted the role of women, even in one of the most progressive governments of the era.

I address you, above all, the modest woman of our land, the countrywoman who believed in us, the mother who knew our concern for children. I address professionals of Chile, patriotic professionals who continued working against the sedition that was supported by professional associations, classist associations that also defended the advantages of capitalist society. I address the youth, those who sang and gave us their joy and their spirit of struggle. I address the man of Chile, the worker, the farmer, the intellectual, those who will be persecuted, because in our country fascism has been already present for many hours -- in terrorist attacks, blowing up the bridges, cutting the railroad tracks, destroying the oil and gas pipelines, in the face of the silence of those who had the obligation to act. They were committed. History will judge them (Allende and Canning 242).

In his final words, which involve the insertion of Fidel Castro's historical paradigm "la history me absolverá" [history will absolve me], Allende once again signals the gendered paradigms that defined not only his presidency but the nation at the time. Women were marked

as modest mothers and supporters of the overall broader agenda, while men were marked as the workers, the intellectuals, those who would bear the brunt of what was to come. As will soon be outlined, like the men of the nation, women would in many ways suffer the wrath of the brutal dictatorship, and would go on to do so for many years after as a result of the laws and ideologies imposed during this time. In the years that followed, the conflicts between imperialism and women's rights that marked the short contemporary socialist period in Chilean history would be nothing compared to the outright attack on women's bodies, rights, and autonomy during the dictatorship period. ⁶In fact, with the death of Salvador Allende, the women of Chile would soon face one of the most regressive and repressive periods in modern history, watching their rights and freedoms stripped away one by one through the seventeen-year dictatorship that was to come.

Abortion and Women's Rights Under Dictatorship and Democracy

After the death of Salvador Allende and the rise of Dictator Augusto Pinochet, women's rights, reproductive and otherwise, were overshadowed by larger national crises. For many, issues like birth control and abortion were much less pressing than surviving the persecution of the military regime which reached unprecedented levels of brutality. At the same time as women and men struggled to survive, however, abortion, birth control, and other matters relating to female sexuality were heavily policed in accordance with the wills of the conservative, traditional regime. Even after the end of the dictatorship in 1989, abortion remained largely ignored by broader society as the country struggled to piece itself back together during the transition to democracy. Now, 29 years later, the country has for the first time made progress

towards the liberalization of abortion, legalizing the practice in three highly specific cases, applicable to 3% of the population. Even with this small broadening of the abortion law's applicability, however, access to abortion remains incredibly limited, leaving the vast majority of women without the resources to abort through safe, legal and affordable avenues.

Political Repression and Women's Limited Rights in Pinochet's Chile

In the wake of the September 11, 1973 coup the country descended into complete chaos. Violence and brutality quickly became the new normal as members of the leftist opposition were one by one rounded up by the new military junta. Many of those first taken by the military regime were brought to the National Soccer Stadium on the outskirts of Santiago, where they were held en masse in cramped locker rooms and one by one taken out to be tortured and or killed depending on the whims of their captors. Perhaps one of the most telling cases of what was done to those held in the stadium during the early days of the dictatorship is the murder of Victor Jara, a world-renowned musician, singer-songwriter and leftist political activist (Meade 134). The day after the coup Jara was arrested at at the Universidad Técnica del Estado (Chile's Technical University) where he was a Professor, and brought to the National Stadium. Over a period of four days, Jara was detained with hundreds of other prisoners before being brutally tortured and ultimately assassinated. Beyond simply killing Jara, his captors sought to destroy everything he stood for as a musician and as an activist by cutting of his hands and tongue so that he could no longer play the guitar or sing in protest. Jara's assassination, and the subsequent display of his mutilated body on the streets of Santiago, served as a message to leftists all over Chile that any socialist opposition would be severely punished by the new regime (Meade 134).

In response to the brutal and widespread violence that came immediately after the coup many Chileans went into exile, with an estimated 200,000 people fleeing in the first years of the dictatorship and thousands more in the seventeen years that would come (Wright and Oñate Zúñiga 31). For those that stayed, particularly those with leftist political allegiances, the seventeen years under Augusto Pinochet's rule were marked by unprecedented brutality, which affected men and women alike. After the coup, Congress and the 1925 constitution were both suspended and from 1973 to 1975 the country was ruled by martial law (Acuña Moenne 154-155). In June of 1974, Pinochet issued Junta Decree 521, which led to the creation of the DINA or La Dirección de Inteligencia Nacional [National Intelligence Directorate], a secret police force which was responsible for the majority of violence throughout the period (Constable and Valenzuela 77). According to the National Commission on Political Imprisonment and Torture (Valech Report) and the Commission of Truth and Reconciliation (Rettig Report), over 27,000 people were detained and tortured during the dictatorship (Valech 81) and another nearly 3,000 killed and disappeared" (Report of the Chilean National Commission on Truth and Reconciliation). While men are often seen as the primary victims of Pinochet's repression, roughly 12.5% of those detained were women (Valech 576). These women were exposed to the same horrific violence and torture as their male counterparts, oftentimes with the added trauma of sexual assault in torture centers throughout the nation. In fact, according to the Valech report, nearly all of the women detained throughout the country were exposed to sexual assault of some form while imprisoned (Valech 249-250).

At the same time that Pinochet brutalized leftist women, his political stance on women reflected mainly traditional tropes of women as weak, submissive, in need of protection and,

above all, as mothers. While under Allende, women may have been marginalized, women under Pinochet were even more strictly confined to the traditional roles of wife and mother, meant to produce children for the good of the “patria” [homeland/fatherland]. According to María Elena Acuña Moenne,

After the military coup, the authorities imposed traditional gender stereotypes on men and women. It became dangerous for men to grow long hair and beards, and for women to wear loose clothes and trousers. Many women recall that soldiers would cut off women's trousers in the street. The military government wanted to bring an end to the chaos it perceived as being created by the apparent similarity of roles filled by men and women, signalled by their clothes and appearances (Acuña Moenne 152).

Such notions of tradition and propriety were central to the dictatorship’s perspectives on women. According to Sociologist Maria Elena Valenzuela, “The Junta, with a very clear sense of its interests, has understood that it must reinforce the traditional family, and the dependent role of women, which is reduced to that of mother. The dictatorship, which institutionalizes social inequality, is founded on inequality in the family” (Mooney 138). During this time, sexual differences between men and women were used to justify the separation of women and men and to restrict women to the domestic sphere, which was seen as their natural place in society.

In relation to reproductive rights, during the dictatorship family planning initiatives were immediately defunded and abortion and birth control were heavily stigmatized, although abortion was not fully outlawed until 1989. Even today with the partial uplifting of the ban on abortion in three cases cited earlier, all other forms of abortion are still banned and penalized in accordance with this law, written into the Chilean Constitution. In the first years of the dictatorship, family

planning centers, which despite conflicts over imperialism thrived under Allende, were rapidly dismantled. According to Acuña Moenne,

This strategy was justified on two grounds. One was economic: it was argued that family planning was expensive; the country was in an economic crisis and the state needed to cut back its responsibilities... The second strategy related to national security. The protection of national borders was crucial for a government made up of members of the armed forces. From the very start, it considered itself to be in a state of war, especially against the 'enemy within' even though the enemy was diffuse or never defined (Acuña Moenne 155).

In other words, protecting Chile from internal and external enemies (and ensuring the automatic functioning of the military regime) required a large population of loyal Chilean citizens (Acuña Moenne 156). Thus, in conjunction with the shut down of family planning centers throughout the nation, the government actively advocated for higher birth rates, reinforcing that the idea that a good Chilean woman is one who produces offspring for the good of the nation.

Under this logic, Pinochet, with the overwhelming support of conservative women, implemented a series of policies meant to supplement the existing abortion law. For example, in the Chilean Government's Policy on Population (1979) the government advocated for population growth and actively opposed birth control, abortion, and sterilization. While the government claimed a policy of non-interference in what they considered the private sphere of family life, at the same time they blatantly reproached abortion, sterilization and other forms of birth control as un-Christian, undignified and un-Chilean. The policy states,

With respect to the significance of the legalization of abortion, and all of the deep spiritual, psychological, and cultural repercussions of such a step, it is easy to foresee the ominous consequences for a society when a large sector of the populace loses a sense of the immense responsibility implied in deciding the life or death of a human being in gestation. This abdication of responsibility brings with it a degradation of the profound Christian meaning of life, common to all, which characterizes and gives cohesion to the cultural heritage of the Chilean people. ("Chile Adopts Pronatalist Policy. 566).

Though this policy did not officially criminalize abortion, it sent a chilling message to doctors, politicians and society itself that abortion as a practice, along with other forms of birth control, were unacceptable to the regime. Additionally, due to the extremely violent and punitive nature of the Pinochet government, anything unacceptable to the regime could be taken as justification for state-sponsored violence, torture or disappearance.

Tangentially, Bachetta and Power analyze anti-abortion sentiments echoed by powerful women throughout the conservative government. During this period, for example, Lucía Hiriart, the wife of Augusto Pinochet condemned abortion as “the most serious crime that can be committed”. Additionally, in a statement that highlights the extreme racist nature of Chilean society at this time, Carmen Grez leader of the *Secretaría Nacional de la Mujer* [Nation Women’s Service] replied to a hypothetical question on the permissibility of abortion in the case of the rape of her fifteen year old daughter with the statement, “NO. Not even if she was raped by a Black man. I could never justify an abortion” (280). In addition, abortion, and to a lesser degree birth control, were portrayed as communist ideas aimed at the destruction of the family,

and were conflated with issues like delinquency, drugs and pornography that eroded the moral fiber of the nation. According to Amelia Allende, leader of the SNM (Secretaría Nacional de la Mujer) “Divorce, abortion and pornography... are all attacks directed against the family... If love and respect are lost, then the family also loses its unity and those who benefit from this are the Marxists” (280). Such statements by prominent public officials led to intense public stigmatization of abortion, which contributed even further to the culture of silence and secrecy that had been slightly lifting in the pre-dictatorship era with the shift towards medicalization. Thus, although abortion was not officially made illegal in all cases throughout the majority of the dictatorship the public perception of abortion, and particularly the “immoral” women who aborted, along with the implicit threat of violence, heavily discouraged the practice.

Although abortion was not technically made illegal during this period, the secret police’s total control over society ensured that women who did dare to abort would face serious consequences. According to Acuña Moenne,

During the military government, medical personnel were legally obliged to report to the police the names of women who required medical attention due to complication from abortions; if they did not report directly in the monthly reviews that the medical centres provided for the authorities, the cases were detected by the intelligence networks. The secret police's intelligence activities included tracking down women who had abortions. These women could be threatened with imprisonment or mistreatment in the healthcare centres (Acuña Moennee 157).

Thus, although therapeutic abortion was not made illegal during this period, women who aborted, especially poor women forced to use public hospitals, were targets of abuse and punishment by the pro-natalist regime.

Significantly, while Pinochet did not officially criminalize abortion throughout the majority of his seventeen year dictatorship he made sure that restrictions on abortion would be solidified in one of the last acts of his Presidency. In 1988, prompted by international and internal pressures, Pinochet held a plebiscite that allowed the populous to vote on whether or not he would be renewed as President. After the No's won nearly 56% of the vote, Pinochet began to prepare for his peaceful transition out of power and into his new role as senator for life (Angell and Pollack 2). Nevertheless, before leaving his post the regime ensured that Pinochet's legacy would be preserved with the creation of a new constitution designed to preserve the wishes and policies of the dictatorship. In relation to abortion, in the 1989 constitution, Pinochet and his government ensured that women, especially poor women would be unable to abort by legally banning the act in all cases and dismantling the public (and affordable) healthcare system and replacing it with private options which were primarily accessible to only the wealthy and middle classes (Mooney 165).

Specifically, the 1989 constitution modified articles 342 to 345 and 119 of the Sanitary Code to essentially criminalize those who "maliciously interrupt" or "consent to the interruption of the gestation process of a human being in any stage of development" thus, "causing the death of the fruit of conception" ("Historia de La Ley No 18.826" 6). This modification offered no leeway for women even in the gravest of circumstances. As Jaime Guzmán, a powerful and influential lawyer and figure in the dictatorship stated, "the mother must give birth to her child,

even it will be born abnormal, if she did not plan it, if it was conceived as a result of a rape, and even if giving birth will kill her” (Mooney 149). Thus, this extreme law instituted as one of the final acts of dictatorship is the very same law that persisted unchanged until September of 2017 despite the shift back to democracy with the election of Christian Democrat Patricio Aylwin in 1990.

Abortion and Reproductive Rights in the Transition to Democracy

Thus up until 2017, and to a great extent even today, many Chilean women remain deeply affected by the 1989 criminalization of abortion. While few women are incarcerated under the law, fear of incarceration and lack of access to medical professionals who provide abortions or who will not report those they treat, has forced numerous women to undergo clandestine abortions often in unsafe and dangerous conditions or at nearly unattainable prices. While due to the illegality the exact number of clandestine abortions performed every year is unknown, estimates put the number between 70,000 (Casas and Vivaldi 71) and 160,000 (Prada and Ball 1), although the actual number could be considerably higher. In addition the effects are doubly felt by poorer women with less access to sex education, birth control, finances and connections to safer abortions in private clinics or by midwives. While wealthier and some middle class Chilean women “could find private medical care or rely on the service of midwives” (Mooney 50), poorer women have often resorted to more precarious methods. According to a 2016 study, “Poor women are thought to be the most likely to use unsafe abortion methods and the most likely to seek post-abortion treatment in public health facilities, which are the source of almost all abortion-related denunciations to the criminal justice system” (Prada & Ball 2).

In recent years safe and effective abortion methods have been made available to women at home through the invention and distribution of the drug Misoprostol, which while originally created for the treatment of ulcers causes abortion in higher doses, typically around 12 pills. However, on average these pills cost roughly \$250 US dollars and can at times be sold for even higher on the black market, making them too costly for many poor women (Prada & Ball 2). In addition, regardless of cost, obtaining such pills relies on an underground network of activists and midwives that functions largely through word of mouth, an unreliable solution for many women especially in rural areas. Thus, while the abortion ban affects all Chilean women it does not affect them equally, leaving poor, and especially rural women, who coincidentally many time are of Indigenous-descent, with few options for safe, effective and affordable abortion.

Based on these realities, many pro-choice activists have been advocating for a change in the abortion law since its creation in 1989. In fact, since the 1990s there have been thirteen major attempts at reform that have made it to the Congress, the first of which attempted to revert the Sanitary Code to its original, pre-dictatorship form, which was promptly rejected without discussion (Casas and Vivaldi 74-81). There have been many suggested reasons for this lack of change, mainly the restructuring and recovery of the country in the wake of the dictatorship. However, now twenty-eight years post dictatorship this excuse falls flat, causing activists to instead point to the Catholic and conservative nature of the country and in particular the government that has prevented change for generations despite the official separation of church and state. To this day Chilean society as a whole remains very Catholic in almost every arena of life, from the educational sector, to the media, to the Congress itself, a fact that both excessively

penalizes women for their sexuality and provides an important and difficult roadblock for those individuals seeking to change the law.

For many women and feminists throughout Chile, the greatest hope for reform came with the election of Chile's first female President Michelle Bachelet in January of 2006. Beyond being Chile's first female President, Bachelet, also a socialist in the line of Allende, was revolutionary in a number of ways. After being detained by Pinochet's regime at the age of 22, Bachelet went on to become a doctor, to have children, and to divorce (an act which only became legal in Chile in 2004). Likewise, as a socialist and perhaps more controversially, an agnostic, Bachelet was for many women a source of hope that gender inequities, like the abortion law, would soon be rectified (Ross 724-727). During her campaign, Bachelet put women's issues at the forefront of her agenda, pledging to "fight for women", specifically "promising more services for domestic abuse victims, free child care for poor working moms, and a cabinet with gender parity." (Ross 728). However, despite her commitment to "fight for women", in her first term as President Bachelet's office "generally remained silent whenever the abortion issue [arose] in the media or the Congress" (Shepard and Casas, 206). As noted by Shepard and Casas in a 2007 study,

Since 1990, all Ministers of the National Women's Secretariat (Servicio Nacional de la Mujer), including the current Minister [2007], have repeated the same mantra: abortion is 'not on our legislative agenda'. This is a reflection of chronic internal tensions on any issue involving sexuality and reproduction (Shepard and Casas 206).

While Bachelet may have hoped to tackle the issue of abortion early on in her first term as President the socio-political climate at the time was not conducive to any attempt for yet another push on legislative reform on abortion. According to Shepard and Casas,

Since Bachelet's election in January 2006, there has been a flurry of anti-choice legislative activity. Seven bills have been introduced in little over a year, including one that proposes that decriminalisation of abortion would require a Constitutional amendment, requiring a 60% majority for approval. This and an identical bill proposing the same amendment to the Criminal Code were presented less than two weeks after Michelle Bachelet took office (Shepard and Casas 206).

While President Bachelet was unable to actively address the injustice of abortion during her first term as President largely due to strong opposing forces rooted in Catholicism and Conservatism, she was able to address reproductive rights in a more limited capacity. First, during her time as health minister (2000-2002) Bachelet made the morning after pill available for rape victims in public hospitals (Ross 728). In 2006 as President, Bachelet, was essential in ensuring that the morning after pill (PAE) was made available free in state-run health centers for women over 14 (Dides and Maulhardt 31). Through this legislation, Bachelet ensured that the pill, which had been available to women who could afford it in private health centers for years, was finally accessible to poor women who were relegated to public health centers.

Overall, while Bachelet was able to push through legislation on emergency contraception, during her first term Bachelet lacked the political clout to move forward on the topic of abortion. In her second term (2014-2018), however, the political climate was finally right for Bachelet and congress to consider new legislation on abortion. Between Bachelet's two Presidencies, the climate in Chile had shifted as non-governmental actors such as the feminist organization *Miles Chile* began to advocate for reform on abortion. Beginning in 2010, coalitions like Miles Chile

helped to bring abortion out of the shadows and into mainstream discussions of gender inequality (Dides and Maulhardt 31). According to Dides and Maulhardt,

Miles Chile, in particular, emerged that year (2010) as an active player in the debates in the Senate Health Committee, on social media, in the mass media and in forums of academic debate. In September 2011, the Senate Health Committee approved the idea of passing a law on therapeutic abortion. For the first time in 23 years, the full Senate debated three draft laws on therapeutic abortion. In April 2012 the Senate rejected all three (32).

Although the initiatives were unsuccessful, for the first time since before the dictatorship, discussions of abortion reform in Chile were seriously debated by government officials. In 2013, both candidates for President, Bachelet and her opponent Evelyn Matthei of the UDI [Independent Democratic Union], issued statements on abortion, with Bachelet outlining plans to decriminalize the procedure in limited circumstances and Matthei rejecting such initiatives altogether (Dides and Maulhardt 32).

As promised during her campaign, in her 2014 presidential address, Bachelet announced her plan to introduce a bill on therapeutic abortion available until the 12th week (18th in the case of women under 14), specifically in the case of threat to the woman's life, fetal inviability and in the case of rape (Dides and Maulhardt 32). This project, introduced by Bachelet in 2015, was commonly referred to as "la propuesta" [the proposal], or alternatively, la ley de tres causales [the law of three causes] ("Proyecto de Ley"). After years of debate and struggle, including having to be passed through the Constitutional Tribunal (an atypical loophole), the proposal was finally written into law on September 4, 2017. One month later on October 4th, 2017 the first

legal abortion in thirty years was carried out in San José Hospital in Santiago at the request of a 12 year old girl who had become pregnant as a result of rape (“La Historia del Primer Aborto”). According to the most current available data, in the first six months under the new law 111 women have undergone legal abortions in the country. According to information obtained from the Health Ministry (Ministerio de Salud),

Entre septiembre del año pasado y el 22 de marzo se han presentado 123 casos en los que se invocó la nueva normativa. En 111 casos se llevó a cabo el aborto y en los otros 12 las madres decidieron seguir adelante con su embarazo. Dentro de las intervenciones realizadas, 50 se hicieron por riesgo de vida de la madre, 35 por inviabilidad fetal y 26 por violación.

[Between September of last year and the 22nd of March, 123 cases have been presented which involve the new regulations. 111 of these cases resulted in an abortion while in the other 12 the mothers decided to continue on with the pregnancy. Among the completed interventions, 50 were done because of risk to the life of the mother, 35 for fetal inviability and 26 because of rape.] (“Chile Registra Más De 100 Abortos”)

However, the existence of legal abortions throughout the country does not mean that women do not remain at risk of experiencing abortion-related violence and punishment. For one, this law applies only to 3% of the population of women who abort in Chile, rendering it entirely inapplicable to the majority of women (Eguiguren 61). Secondly, even this relatively minimal progress was decreased after the election of conservative President Sebastián Piñera in December 2017. Piñera, who in his first Presidency vowed to veto any measure to loosen the abortion law (Dides and Maulhardt 32), issued a decree on March 23, 2018 that dealt a serious blow to the

already limited power of the Ley de Tres Causales. Under the new decree, private institutions and individuals would be able to appeal to “objeción de conciencia” [conscientious objection] in order to deny an abortion to any individual they wish, including those who fall under the limited applicability of the law. Under the decree, such conscious objection does not require any further justification of institutional or individual beliefs or values but simply must be accepted and respected (“Piñera Modifica Protocolo”).

Thus, despite the September 2017 passage of the Ley de Tres Causales, abortion legislation in Chile still remains a restricting and imposing obstacle for the majority of Chilean women. With the decree of President Piñera, the already limited effects of the 2017 law have been rendered even less effective, leaving most if not all women in Chile without legal recourse to abort. While it cannot be known how abortion legislation will progress in the coming years, it is clear that a great deal of work remains to rectify the injustice done to women under the dictatorship. Twenty-nine years after the abortion ban, and eighty-seven years after the first law to legalize therapeutic abortion, Chile today remains trapped in limbo, with access to legal, safe and affordable abortions far out of reach.

Chapter 3: Women's Voices: Experiencing the Denial of the Right to Choose

In the following section I seek to shed light on the effects of the total abortion prohibition on the lives of a small sample of seven Chilean women (five of whose stories are included here). Beginning from the first moment of an unwanted pregnancy until the pregnancy has ended (whether it be through abortion or forced maternity), I trace how the legal prohibition and the subsequent lack of safe abortion resources produces violence and reinforces social control over women's lives. Throughout this section I emphasize that the painful, humiliating and often violent situations experienced stem not from abortion itself, but rather from the specific legal and social conditions surrounding abortion in Chile. Likewise, I emphasize that the abortion process in and of itself is not damaging to women as pro-life proponents would claim, but instead provided enormous relief to all six of the women interviewed who were able to complete an abortion. Finally, at the end of this section I provide an account of women's experiences with forced maternity caused as a result of the abortion ban in Chile. In the end, each of these stories show the deeply personal effects of the structural violence of the abortion law. Although each woman's story is different, careful examination of each reveals that the violence and suffering experienced can be traced back to the structure of the abortion law, and further, to the institution of the Chilean State which functions to discipline and punish women for "deviance" of any kind.

The Obligation to Decide: Female Bodies, Reproduction and Responsibility

From the first moment of pregnancy everyone has a distinctly individual situation. By having been born with reproductive capabilities, all women share one simple reality in common; they are unable to ignore or get out of an undesired pregnancy without some sort of medical

intervention. Men have no such biological link to pregnancy, are not obligated to carry a child inside their bodies and at present are typically not held responsible for making the decision to terminate an unwanted pregnancy. Thus, from the beginning of pregnancy, men,⁷ that is to say anyone capable of generating a pregnancy in other person, already possess a privilege denied to women; the ability to ignore an unwanted pregnancy and the decisions it implies, or to deny their paternity altogether. While not all men make the decision to abandon a pregnant woman or to deny their paternal obligation to the child, it continues to be a fact that men, by having been born without a uterus, do not possess the same obligation that is forced upon women by their biological situation and the corresponding societal response. As such, from the first moments of pregnancy men already have the right to decide, a right women could have were abortion safe, legal, free and readily accessible at all times.

In order to illustrate the vast inequity inherent in pregnancy in a society without adequate access to abortion services, I will discuss the pregnancy and abortion situations of two women, Isabella and Kexu, who experienced first hand what it meant to be abandoned during an unwanted pregnancy. **Isabella**, at the time a 21-year-old university student, became pregnant after her first year in college after one night spent with her ex-boyfriend from whom she had recently separated.

Había completado mi primer año en la universidad y tenía una relación de hace dos años con alguien, una relación muy tortuosa y muy horrible... Llevamos todo el año así como bien, mal, bien, mal y terminamos, nos separamos. No nos vimos en un tiempo y después, nos volvimos a juntar en diciembre, pero esporádicamente, como nos vimos, nos acostamos y yo quedé embarazada inmediatamente.

[I had completed my first year of college and had been in a relationship for two years with someone, a tortured and horrible relationship... We spent the entire year like this, good, bad, good, bad and we ended, we separated. We didn't see each other for a while and afterwards we met again in December, but sporadically - we saw each other, we slept together and I got pregnant immediately.] ("Isabella" Interview)

Isabella knew almost immediately what had happened, saying that she felt it in her body that something had changed. However, like many women in her situation, she could not face the reality of her predicament and for weeks Isabella remained in shock, ignoring the possibility that she was pregnant even when her period never arrived. Nevertheless, at a certain point Isabella could no longer ignore that she was pregnant and after three pregnancy tests she confirmed what deep down she already knew. With this confirmation Isabella decided to confide in her ex-boyfriend, however to Isabella's dismay, her-boyfriend did not provide the support that she had hoped.

Él se había ido a Bolivia y yo no tenía forma de ubicarlo allá. Entonces cuando ya tenía súper confirmado que era un embarazo y cuándo yo ya estaba buscando opciones para abortar lo intenté a ubicar, porque tuve un momento de mucha rabia como él está de viaje y yo estoy acá con toda esta mierda, ¿qué hago? Y lo ubiqué a través de un amigo y me llamó desde Bolivia. Fue horrible porque me dijo, ¿que pasó? Y le digo, pasa que estoy embarazada. (Y dijo) sí pero cómo... estás segura? Y yo digo, Sí...yo, me hice tres exámenes - estoy embarazada. Y se quedó callado, no dijo nada y yo así bueno, eso completa el contacto adiós. Y no supe más de él hasta que yo ya había completado el proceso... No me escribió, no me llamó, no hizo nada.

[He had gone to Bolivia and I had no means to locate him there. So when I had it fully confirmed that I was pregnant and when I was looking for options to abort I attempted to locate him because I had a moment of intense anger - he's on vacation and here I am with all this shit - what do I do? I found him through a friend and he called me from Bolivia. It was horrible because he said to me, "what happened?" and I told him that I was pregnant. (And he said) yes but how, are you sure? And I told him, yes... I took three tests I'm pregnant. And he stayed quiet, didn't say anything and I said, "okay this is the end of our contact, goodbye." And I didn't hear anything else from him until I had already completed the process... He didn't write to me, he didn't call me, he did nothing.] ("Isabella" Interview)

Thus, with her ex-boyfriend effectively using the distance to ignore the situation and his role in it, Isabella found herself alone, searching for options to terminate the pregnancy. Eventually, Isabella was able to find pills and to complete an abortion. However, she had to bear the responsibility and the risk of this procedure completely on her own. While Isabella was able to obtain an abortion and was not forced to become a single mother like so many other women, this case signifies an important inequality inherent in pregnancy, especially within a country without access to safe, legal abortion. Simply due to being biologically female, Isabella had to take charge of the entire situation, make the decision, search for contacts, pay for costly pills and above all risk jail, serious health issues or even death in order to escape obligatory maternity. At the same time her ex-boyfriend was able to escape his paternal obligations without having to go through strenuous measures or any risk to himself, thus underlining the comparable ease by which men can distance themselves from an undesired pregnancy regardless of abortion laws.

The denial or avoidance of paternal obligations is not a situation unique to Isabella even within the small pool of women interviewed. **Kexu**, now 24, faced a situation similar to Isabella's, however unlike Isabella she was ultimately unable to find the means to abort. Instead Kexu was forced to bear a child she never wanted or planned with a man who ultimately abandoned them both.

Kexu was 20 years old the first time she became pregnant. At the time she was taking the pill and never thought that she would get pregnant, nor did she have any desire to be a mother, at least at that particular moment. Moreover, Kexu's relationship with her partner was incredibly toxic, violent, and filled with fights and jealousy, a situation entirely inconducive to raising a child.

Eso fue mi mayor argumento para no tener un hijo con él, porque nosotros no teníamos una relación sana, era una relación súper violenta... Me daba cuenta de que en realidad nosotros no teníamos una relación de pareja sino que era de una sumisión.

[This was my main argument for not having a child with him, because we did not have a healthy relationship, it was a super violent relationship... I realized that in reality we did not have a couple's relationship of mutual support but rather one of submission.] ("Kexu" Interview)

When her boyfriend wanted her to continue with the pregnancy and promised that he would support her and the child, Kexu knew that she couldn't succumb to what he wanted. After a difficult and humiliating process of finding a means to abort, an experience that will be discussed later on in this project, Kexu managed to complete her abortion despite her boyfriend, who attempted to force her to continue the pregnancy to term. Her abortion, however, was not

the end of Kexu's experience with unwanted pregnancy. After the abortion Kexu felt that the birth control pill was not reliable enough and decided to get an anti-conceptive shot which was claimed to have an efficacy of 99%. Much to her surprise a few months later she became pregnant a second time after an encounter with the same boyfriend, now her ex. Upon discovering her pregnancy Kexu was devastated, confused and above all desperate for a way to terminate the second pregnancy that once again she had never wanted. This time, however, things did not go as planned.

Yo sí quería abortar pero llamé a ese tipo (el hombre que me había vendido pastillas la primera vez) y me dijo que no, que no podía, y trataba con el ginecólogo y también me dijo que no, fue como no tengo de dónde sacar.... La 'yo' de ese entonces no tenía ni idea, entonces me quedé con lo que me dijeron.

[I did want to abort but I called the guy (the man who had sold her pills the first time) and he told me no, that he couldn't, and I tried with the gynecologist and he also told me no, and I had nowhere to get them... The 'me' at that time had no idea, so I was left with what they told me.] ("Kexu" Interview)

After searching endlessly, Kexu was unable to find any way to abort and had to continue with the pregnancy despite her personal desires. At the time of our interview Kexu was accompanied by her two year old daughter whom she supports and cares for alone. After the break up, her ex-boyfriend, who had pledged to support her and the child when she first became pregnant, deserted the pair without offering any type of financial or other support. As a result of his decision to abandon the child he helped to create, Kexu now works two jobs and depends on the support of other single mothers to give her and her daughter the best life possible. However,

even with this support it has been incredibly difficult for her to raise a daughter alone, especially when having a child was not her decision in the first place.

La maternidad a mí me costó caleta trabajar para quererla.... (A veces pienso que) no voy a poder con ella, que no puedo seguir en éste, y es súper difícil el trabajo mental día a día. Entonces quizás no todas quieren hacer eso o no están preparadas... al final las consecuencias son para uno y para los niños.

[It has cost me so much work to actually want motherhood... (Sometimes I think that) I'm not going to be able to do it with her, that I won't be able to continue, the daily mental stress is incredibly difficult. So maybe not everyone wants to do this or isn't prepared... in the end the consequences are yours and the children's.] ("Kexu" Interview)

Obligatory maternity is a reality that Kexu has to face every single day, a reality that her ex-boyfriend was able to escape simply because he had the luck to have been born a man in today's world. This situation is far from rare. According to results from the 2011 Informe de Política Social (Report on Social Policies), 6 of every 10 Chilean mothers are single parents, a statistic that may reflect the total prohibition of abortion in the country which has left many women alone to raise children who they never intended or wanted to have (Ministerio de Desarrollo Social). Comparatively, in the United States where abortion is legal albeit subject to state restrictions, only an estimated 23% of mothers are single parents according to a 2016 study ("The Majority of Children Live With Two Parents"). While this disparity cannot be proven to be a direct result of abortion legislation, women in Chile clearly bear the brunt of child-rearing responsibilities to an extent far greater than in the United States. Above all, to be a woman in a society that does not provide safe, legal and affordable access to abortion has exposed many

women like Isabella and Kexu to the violence of having to face a pregnancy, an illegal abortion, or even the challenge of raising an undesired child completely alone. Thus, this inherent inequality based on a combination of biology and socially constructed roles shows that the demand for access to free, safe and legal abortion is in no way a privilege, but rather gives women the same right that men already have, to escape from the obligation and responsibility of raising an unwanted child.

Unwanted Pregnancy and The Search for a Solution

After making the decision to abort, with or without the support of a partner, women in Chile face what is perhaps one of the most difficult and often insurmountable aspects of the entire process; determining where and how to obtain a clandestine abortion. Without the proper legal and social resources women who make this decision are forced to go through often dangerous, risky and even violent back channels which for many never lead to the abortion they so desperately need. Due to the conditions in Chile, after deciding to abort Isabella was left with nowhere to turn but the internet, a path which ultimately led her into unsafe and terrifying situations in order to obtain her abortion. After becoming pregnant, Isabella had no idea how to obtain an abortion due to the clandestine nature of the procedure. However, Isabella was determined to find a solution and turned to the only resource she could think of: the internet. After hours searching, Isabella found what she thought may be a viable option to obtain the pills, the contact of a man who claimed to work in a pharmacy.

Encontramos un contacto y hablé con él por teléfono varias veces. Fue muy raro porque me decía que trabajaba en una farmacia, y por eso tenía las pastillas. Cuando me fui a

reunir con él, el mismo día, me llamó temprano y me cambió el lugar. Nos íbamos a juntar en el centro y me dice no, es en Puente Alto. Yo le digo ya, me voy a Puente Alto con mucha plata en el bolsillo y cuando llego al metro, yo espero, no sé, media hora y él no llega. Y le llamo y me dice, no es que no voy a ir yo, voy a mandar un asocio porque yo no me expongo, esto es muy peligroso. Y yo así, yo también me estoy exponiendo...

[We found a contact and spoke with him by phone a few times. It was really strange because he told me that he worked in a pharmacy and because of that he had the pills. When I went to meet with him, the same day, he called me early and changed the location. We were going to meet up in the center and he told me no, it's in Puente Alto - and I said ok, so I go to Puente Alto with lots of money in my wallet and when I arrive at the metro I wait maybe half an hour and he doesn't show up. And I call him and he says to me, I'm not going myself, I'm going to send an associate because I don't want to expose myself, this is very dangerous - and I'm there, like, I also am here exposing myself.] ("Isabella" Interview)

So Isabella continued waiting, scared and alone with a purse full of cash, hoping that by some miracle the stranger's associate would arrive with the necessary pills. However, once again things did not turn out as she had hoped.

Él me llamó al rato después y me empezó a insultar, preguntándome si yo era policía, porque a su amigo, la persona que envió la habían llevado detenida. Y allí me pasó un millón de película, no sé si hubiera sido cierto quizás de verdad me quería robar, no tengo idea. Pero me dijo que la persona que mandó, la policía lo detuvo y se lo llevaron preso. Y yo allí parada en metro con mucha plata, me fui corriendo, llegué corriendo a mi amiga

llorando, ¿qué voy a hacer? Y allí sentí que se me acabó el mundo porque era lo única opción que yo veía viable, hacerlo con pastillas.

[He called me a bit later and began to insult me, asking me if I was with the police because his friend, the person that he had sent had been detained. I imagined a million things, I don't know if it was true, perhaps in truth they wanted to rob me, I have no idea. But he told me that the police had detained the person he had sent and taken them prisoner. And I was there standing at the metro with a great deal of money so I left running and arrived running and crying to my friend. "What am I going to do?" I felt as if the world had ended because this was the only option I saw as viable, to do it with pills.]
(“Isabella” Interview)

Thus, at around eleven weeks pregnant Isabella was left without any feasible option to abort. Moreover, she knew that time was about to run out as abortions with pills are only viable up until the 12th week of pregnancy. However, Isabella was determined to find a solution, saying that in that moment she wanted so badly to abort that she would have preferred to die than to be a mother. With only a few days left Isabella managed to find another contact of a man who lived close to her house and the exact day that Isabella completed her 12th week of pregnancy she managed to buy the pills. Nevertheless, even though Isabella was able to find pills and complete her abortion she had to spend weeks of unnecessary pain and fear and to go through terrifying and potentially dangerous situations in order to do so. Further, despite her personal actions and desires Isabella had to wait until 12 weeks to abort, much later than she wanted and the limit to abort with pills. As illustrated by Isabella's experience, rather than prevent abortion altogether

many times the prohibition of abortion leads to higher-risk abortions in later stages of pregnancy, a situation which may put women at risk both physically and emotionally.

Like Isabella, many Chilean women go through situations of extreme clandestinity often with untrustworthy people of questionable character in order to get an abortion. For example, Kexu too had to go through an extraordinarily humiliating experience with a verbally abusive man in order to buy the necessary pills.

Nos tuvimos que juntar un día en la noche con él, y él estaba en un auto, nosotros nos tuvimos que subir al auto. Nos íbamos al parte detrás del auto y el tipo decía no tú sientas adelante (a su ex-pololo) y me asusté porque... quizás le va a pedir la plata a mi pareja y me va a poner una pistola, no sé, porque era de noche y era súper extraño. Estaba súper nerviosa a pesar de que estaba con él que era más grande que me podía defender, y que yo igual sé defenderme pero de verdad en ese momento me sentí como súper vulnerable.

[We had to meet with him one day during the night. He was in a car and we had to get in. We went to get into the back of the car and the guy said no you sit in front (to her ex-boyfriend) and it scared me because... (I thought) perhaps he was going to ask for the money from my partner and (then) pull a gun on me, I don't know, because it was during the night and it was incredibly scary. I was super nervous even though I was with (my ex-boyfriend) and he was bigger than me and could defend me, and I also know how to defend myself but truthfully in this moment I felt super vulnerable.] (“Kexu” Interview)

In the end the man never did anything physically violent to Kexu or her partner, however he took advantage of the situation to humiliate and insult both of them.

El hombre nos dio todas las indicaciones pero fue súper pesado, así como desagradable, nos maltrató. Dijo un par de cosas que fueron bien desagradables, así como, “Claro con ustedes si po, ustedes qué podrían criar un hijo... que tú no tengas hijos nunca.” Fue bien desagradable y me sentí humillada pero no podía hacer nada porque necesitaba las pastillas.

[The man gave us all the instruction but he was super nasty, very unpleasant, he treated us poorly. He said a few things that were very unpleasant, like “Of course you two, how could you two raise a child... hopefully you never have children.” It was incredibly unpleasant and I felt humiliated but I couldn’t do anything because I needed the pills.] (“Kexu” Interview)

As the experiences of Isabella and Kexu have demonstrated, the search for an abortion without the proper legal channels can lead to humiliating, violent and risky situations with abusive people who, because of the law, become victims who are unable to report. While there are many people with good intentions selling abortive pills in Chile, there also exist those who wish to profit from women’s desperation and to humiliate them in the process. As Kexu experienced, many times women are incapable of defending themselves against this kind of abuse because they are in desperate need of a way to abort. Additionally, besides the verbal abuse that Kexu and Isabella experienced, avenues to illegal abortion can expose women to physical violence or extortion, neither of which women choose to report out of fear of legal or social repercussions.

Violence and Abortion Under Prohibition

Throughout the world there are many different means used to abort, however today the most common methods are through either surgical intervention or with the administration of drugs (Faúndes and Barzelatto 48). In Chile, where it is significantly more difficult and unsafe to undergo a surgical intervention without a trained medical professional, most women abort with pills, typically a mix of the drugs misoprostol and mifepristone. In most cases, these two pills can be used relatively safely to provoke an abortion up to twelve weeks in gestation with an effectiveness of between 75% and 90% (Lesbianas y Feministas por el Derecho a la Información 43). Likewise, such pills can be produced cheaply, although they can be extremely expensive on the black market. When used correctly, misoprostol and mifepristone have helped decrease the potential risks of an abortion, especially in conditions where illegality prevents access to medical facilities. However, despite the major advantages, these pills have not completely eliminated the medical risks of clandestine abortions. Out of the seven women interviewed in this study, six had abortions in Chile, and of those six women, three experienced hemorrhaging or other serious medical complications as a result of their abortions. Further, even the women who did not experience medical complications aborted in less-than ideal conditions, whether that be alone, without proper information, in poor sanitary conditions or under the supervision of abusive people.

Fernanda, now a recent college graduate, was a 16 year old high school student when she became pregnant. At the time she had been in a relationship for about a year, relying on condoms to prevent pregnancy as it was the most accessible method at the time. One month, when her period failed to arrive, Fernanda told her mother and together the two went to the

doctor to undergo a pregnancy test which confirmed her suspicions. From the first moment of her pregnancy, Fernanda was fortunate enough to have the complete support of her parents, who managed to contact a gynecologist known to practice abortions in his private clinic. However, this solution was incredibly expensive, costing between 1.5 and 2 million pesos (roughly \$2500-\$3300 USD), an amount of money that her parents did not have at the time. With no other alternative, Fernanda's parents took out a loan from the bank, going into debt in order provide their daughter with what they saw as the safest option to terminate the pregnancy of slightly over a month. Nevertheless, despite the enormous amount of money for the procedure, Fernanda's abortion was not the simple, safe, and largely painless experience that her parents had hoped.

The day of her abortion, Fernanda's parents were told to wait outside as a terrified Fernanda went alone into the exam room where she found the gynecologist, a man in his late 50s and his assistant.

Me senté en la típica camita de ginecólogo y me inyectaron algo pero no sentí anestesia. Sentí todo el procedimiento. Y en el aborto yo lloraba, pero no lloraba por la situación porque yo nunca tuve como una carga emocional ni psicológica en respeto, sino porque me dolía. Él (el médico) era súper enojado como “ya ya sí relájate”, pero súper como no agresivo pero no dócil, su actuar era muy como esa sensación de aguántate y si te duele no me importa....Y yo lloraba, lo único que decía era “me duele me duele me duele me duele”, a mi me dolía mucho, no me podía sentar después... Yo pregunté así como hay más anestesia, y me decía no, ya pusimos no se puede más... Terminó y dijo ya y se fue. No me dijo como ya tranquila, está todo listo, nada. Él entró, de hecho entró cuando yo

no estaba lista como nadie ha preparado el asunto, lo que tenía que hacer, así como súper rápido súper apurado, y se fue.

[I sat down in the typical gynecologist table and they injected me with something but I didn't feel any anesthesia. I felt the entire procedure. And in the abortion I cried, but I didn't cry because of the situation because I never had any emotional or psychological pain about it, but rather because it hurt. The doctor was super angry like, 'ok, ok, relax', but very - not aggressive but not docile either, his behavior was like 'suck it up, and if it hurts I don't care... And I cried, the only thing that I said was 'it hurts, it hurts, it hurts', it hurt so bad that I couldn't sit afterwards. I asked if there was more anesthesia, and they said no that they already administered it and that they couldn't put any more. He finished said ok and left. He didn't say don't worry, it's all done, nothing. He came in - actually he came in when I wasn't ready, no one had prepared me for the procedure, what they had to do, it was all super quick very rushed and then he left.] ("Fernanda" Interview)

After her abortion, Fernanda left the office, crying and in pain. When she told her father what had happened he was extremely angry because of the pain his daughter had been put through. However, because of the clandestine nature of the procedure, there was nothing that the family could do to change the situation. In the end, Fernanda had an unnecessarily painful experience due to the lack of anesthesia, whether it be because of a problem with the anesthesia administered or a deliberate decision on the doctor's part. Further, due to the illegality of abortion in Chile, Fernanda and her family had no available recourse to legally denounce the doctor for the mistreatment, or the lack of anesthesia, nor did they have the ability to make sure the same thing did not happen to other women and girls like her. Overall, despite Fernanda's

ability to pay, albeit through loans, for a surgical abortion with a licensed professional, the lack of legal protections left her in an extremely painful, traumatic and humiliating position.

Like Fernanda, **Susana**, a 47 year old doula, professor of prenatal yoga and mother of five, also was subjected to an unnecessarily difficult experience with two doctors in their private practices. In 2002, Susana was in the process of separating from her ex-partner and the father of her three children when she unexpectedly became pregnant. According to Susana,

No tenía plata, no tenía nada, estaba en el proceso completo de separación. Es tonto, además me culpaba porque me había tenido relaciones con el papá de mis hijos solamente porque si no lo hacía él no me ayudaba económicamente. Entonces imagínate, yo tenía hijos todavía bebés, yo no trabajaba no tenía nada para comer, entonces claro accedía acostarme con él igual, eso es lo peor. Al final quedé embarazada y me quería morir.

[I had no money, I had nothing, I was in the process of separating from him. It's stupid, I blamed myself because I had had sex with the father of my children solely because if I didn't do it he wouldn't help me financially. So imagine, I had children who were still babies, I didn't work, I didn't have anything to eat, so of course I agreed to sleep with him, that's the worst part. In the end I got pregnant and I wanted to die.] ("Susana"

Interview)

When Susana became pregnant she was already deeply involved in a difficult and unjust situation due to the unequal power levels within the relationship, a situation Susana knew was completely incompatible with having another child. At first, Susana attempted to terminate the pregnancy with a combination of abortive plants known to her but ultimately was unsuccessful.

At this time (2002) the pills misoprostol and mifepristone weren't well known or commonly used

to provoke an abortion. Thus, Susana was left with no choice but to go to a private clinic although she could not afford it on her own and was ultimately disgusted but the experience.

Busqué, busqué, busqué y al final me dieron el dato de unos tipos, unos médicos que eran asquerosos, eran dos gemelos uno hacía cirugía plástica y el otro era ginecólogo. Y tenían una consulta súper turbia, era muy rara, era un lugar con mucho dinero. El tipo fumaba mientras te veía, para mi eran súper drogadictos, tenían caras de drogadictos los dos.

[I searched and searched and searched and in the end they gave me the contact of some guys, these doctors who were disgusting, they were twins, one did plastic surgery and the other was a gynecologist. They had a really murky exam room, it was very strange, because it was a place with a lot of money. The man smoked while he examined you, to me they seemed like they were drug-addicted, they had faces of drug-addicts both of them.] (“Susana” Interview)

On the day of the abortion Susana went to the clinic, incredibly nervous and feeling far too pregnant, paying 380,000 pesos (\$630 USD) for a first trimester abortion at nine weeks.

From the moment she arrived she was repeatedly reminded of the need to keep the procedure and especially the identities of the doctors a secret in the event that she were to have complications.

The doctors then performed a dilation and curettage procedure (D&C), or an abortion where “the uterine contents are removed with a sharp curette after cervical dilation” (Zaidi 41), using

general anesthesia and then sent her home. At first it seemed that the abortion had been fully successful. However, a few days later Susana had an intense hemorrhage that didn’t stop even

with medicine. Thus, Susana, who was deeply afraid of being mistreated or legally persecuted if she went to a hospital, had to return to the clinic for another procedure which finally stopped the

hemorrhage. For Susana, the experience as a whole was horribly ugly and disgusting, not due to the abortion itself but rather by treatment she was forced to endure in order to realize her abortion.

Te tratan como que tu estuvieran haciendo un favor así muy desagradable todo. Además siempre te están diciendo que no puedes decir a nadie, como, si te pasa por otra cosa tu no sabes mi nombre, tú no sabes la dirección, no sabes nada... muy asqueroso, eso para mi fue muy horrible. Era humillante, humillante, humillante, y que además estás haciendo algo ilegal y tienes que cuidarte caleta, porque hay gente que te persigue por eso. Lo que sí me daba lata es eso, tener que hacer algo ilegal, entonces tienes que estar como súper escondida, te sientes muy sola en el proceso, y no le puedes contar casi a nadie, en ese tiempo (2002) menos.

[They treat you like they're doing you a favor, it was all very unpleasant. Plus they were constantly telling that not to say anything to anyone, like, 'if something else happened you don't know my name, you don't know the address, you don't know anything', very disgusting, that for me was horrible. It was humiliating, humiliating, humiliating... and because you're doing something illegal you have to be very careful because there are people who go after you for that. What bothered me most was that, having to do something illegal, so you have to be super hidden, you feel really alone in the process and you can't tell almost anyone, in that time (2002) even less.] ("Susana" Interview)

For Susana it was the solitary, hidden nature of the entire process, and the feeling that she was committing a crime that were most hard on her. Additionally, as the mother of five children (three at the time) having to wait until nine weeks to be able to abort was physically and mentally

taxing. Despite realizing early on that she was pregnant, Susana had to wait weeks and weeks to be able to undergo the abortion she knew that she needed, during which Susana experienced all the symptoms and feelings of first trimester pregnancy as she had with her earlier children. For Susana, who views both birth and abortion as natural parts of women's reproductive lives, wasting valuable time searching for a means to abort as the fetus developed inside her was incredibly frustrating and upsetting. Furthermore, she explicitly recognized that the experience she was forced to endure was a direct result of the legal and social criminalization of abortion, which she could have avoided altogether had abortion been legal.

Yo creo que si el aborto fuera legal y abierto y no sancionado sería mucho más simple todo porque las mujeres quizás tendrían uno o más días de atraso y podrían rápidamente hacer algo para que llegara su menstruación. Y no pasarían por ese proceso tan doloroso, tan doloroso porque nunca está a mano y tienen que perder tiempo y semanas que son vitales en una gestación para estar buscando cómo, dónde, con quién, lo que sea, la forma que ser.

[I believe that if abortion were legal and free and unsanctioned it would all be so much more simple because women would be maybe one or two days late and they could quickly do something about it so that their menstruation would come. And they wouldn't have to go through this painful process, so painful because it's never close by and they have to lose valuable time and weeks that are vital in gestation to be searching for how, where, with whom or however it may be.] ("Susana" Interview)

In the end, while Susana was able to obtain an abortion and did not suffer any long lasting health effects as a result she, like many others, had to pass through a painful, expensive,

and humiliating process and suffer unnecessary health complications in order to do so. Finally, due to criminalization and a lack of available resources, Susana was forced to undergo her abortion at a much later point in her pregnancy than she would have had she had any real choice.

Like Susana, **Isabella** also suffered a serious health risk after her abortion, this time with pills rather than surgical intervention. While Isabella initially thought that her abortion had been successfully completed without any complications, a week later during a routine visit to a public hospital, the doctors discovered that Isabella had had an incomplete abortion with remnants left inside of the uterus. On the one hand, Isabella was incredibly lucky to have gone to the hospital because of the serious risk to her health that an incomplete abortion could have caused. On the other, an incomplete abortion in a Chilean hospital, especially a public hospital, exposed Isabella to the very real possibility of being interrogated or detained, a possibility of which she was extremely aware.

Me dijeron que tenía resto y que me podía dar una infección y no me dejaron salir del hospital. Entonces, me internaron y me hicieron un raspaje. Fue complicado porque uno en el hospital público, ve a mucha gente. Va alguien a tomarte la presión, va otra a preguntarte algo, ve a muchas personas y al tiro se sospecha que es un aborto provocado. Entonces, a mí nadie me preguntó nada, porque yo iba con una coartada, como mi sangrado empezó tal día... y lo tenía súper ordenado y nadie me preguntó nada y no sospecharon de mí, enfrente mío al menos, pero no me dejaron salir del hospital tampoco. Pasé mucho miedo en el hospital porque pensaba que quizás ellos sí tenían formas de detectar que había sido un aborto con pastillas.

[They told me that I had coagulations and that it could give me an infection and they wouldn't let me leave the hospital. So they admitted me and did a dilation and curettage procedure (D&C). It was complicated because in a public hospital you see a lot of people. Someone comes to take your blood pressure, someone else comes to ask you something, you see a lot of people and suddenly someone could suspect that it's an induced abortion. No one asked me anything because I went with an alibi, like my bleeding began on such day... and I had it all super organized and no one asked me anything and didn't suspect me of anything, at least in front of me, but they also didn't let me leave the hospital. I spent a lot of time being afraid in the hospital because I thought that maybe they had ways of detecting that it had been an abortion with pills.] ("Isabella" Interview)

While there is no way to detect an abortion with pills, other than finding the physical pill inside of a woman's vagina (Lesbianas y Feministas por el Derecho a la Información 84), Isabella was right to be fearful. For years doctors, especially in public hospitals, have pressured or even threatened women to admit that they had induced an abortion, lying that there are ways of detecting that an abortion had been performed with pills and even at times withholding treatment until the woman confessed. The fact that Isabella went to a public hospital increased her risk of being detained for an illegal abortion. According to a 1998 study, no private clinic or hospital reported women for having induced an abortion while 80% of all reports came from public hospitals (Centro Legal para Derechos Reproductivos y Políticas Públicas 9). This study, conducted in the peak years of abortion-related arrests and incarceration, highlights the inequity in the application of the law and in particular how it targets poor women unable to avoid private healthcare.

While upper-middle class and wealthy women generally are able to afford abortions in private clinics or go to private hospitals in case of a complication, poorer women who face medical issues post-abortion generally have no other recourse but to go to a public hospital. While conditions in private clinics are still arguably far from ideal, as shown through the stories of Susana and Fernanda, access to trained doctors as well as anesthesia (in most cases) can make the abortion process much less traumatic and/or painful for those who can afford it. While women of all demographics abort, this fact is not reflected in the actual criminalization of women for the law, which blatantly targets the powerless in society. Overall, even though Isabella went to a public hospital for treatment, she had the good luck not to be one of the many women who have been interrogated and arrested, although she did still suffer a great deal of anxiety and fear in the process of recuperating her health.

The fear of being interrogated or arrested prevents many women from seeking out necessary health services after an abortion. At times women even avoid going to the hospital for days after an abortion even when they experience signs of serious health issues. This exact situation happened to **Kexu**, who experienced serious hemorrhaging after an abortion with pills administered intra-vaginally. Overall, like her experience obtaining abortion pills, Kexu's actual abortion experience was incredibly difficult and violent due to incorrect information and the violent behavior of her ex-boyfriend. First, the man who sold Kexu the pills told her that they had to be administered intra-vaginally along with water, a method which is significantly more dangerous than sublingual administration, has a high risk of infection and hemorrhage, and is easily detectable in any health center or hospital. Further, the man instructed Kexu to exercise throughout the abortion process, an unproven and unnecessary step that increases the pain and

difficulty of the procedure. Thus Kexu, who had intense contractions and pains from the beginning of the abortion, got out of bed and exercised on a treadmill throughout the night until her abortion finally was complete. Moreover, her difficulties did not end with the evacuation of the fetal tissue but rather only continued to worsen. Upon being told that the abortion had been completed, Kexu's ex-boyfriend, who had been violent throughout the relationship, threatened her that he would report her to the police for having aborted.

Él me dijo que no quería haberlo hecho, que era una asesina, que me podía denunciar a los pacos. Y yo no me quise quedar allí apenas se fue, boté el papel y las pastillas, todo eso, boté toda la evidencia y me fui a la casa de una amiga.

[He told me that he didn't want me to have it done, that it was murder, that he could report me to the police. And I didn't want to stay there even though he left, I threw away the paper and the pills, everything, I threw away all the evidence and went to a friend's house.] ("Kexu" Interview)

After everything, Kexu's ex-boyfriend never followed-through with his threat to report her. All the same, Kexu experienced a great deal of fear and pain because of his threat. Although sexist interpersonal violence occurs everywhere, the abortion law offers yet another opportunity for the control and domination of women, for example through the threat of reporting an abortion, which can be used as a tool of control and manipulation by an abusive partner. With a violent relationship like that of Kexu and her ex-boyfriend, an abortion or an unwanted pregnancy can be used to reinforce the pre-existing hierarchy of control and submission, thus further restricting a woman's ability to get out of a violent situation.

Additionally, as previously mentioned, Kexu's abortion experience did not end when the abortion was complete, nor when she escaped from her boyfriend and she left to go to her friend's home. After her abortion Kexu was bleeding heavily, something that she initially thought was normal. However, the bleeding did not stop and for days Kexu became steadily weaker and sicker until finally she was forced to go to the hospital despite her fears of being detected.

Estuve un día en emergencia, yo me hice el aborto el viernes y fui el jueves de la semana siguiente porque había salido al sol y yo así estaba morada. Me llevaron y estaba con toda la presión demasiado baja y estaba con la regla, con menstruación... En verdad me sentía así desde el martes, pero decía si todavía tengo los restos de pastilla, me apresa, y me aguanté miércoles... el jueves no podía aguantar más y me fui a urgencia.

[I was in the Emergency Room for a day, I did the abortion on a Friday and Thursday of the next week I finally went to the hospital because I'd gone out in the sun and I was completely purple. They took me in (to the hospital) and my blood pressure was too low, I was on my period, menstruating... In truth I'd felt like this since Tuesday but they said that if I still had remnants of the pills they would arrest me, and I put up with the pain on Wednesday... Thursday I couldn't take any more and I went to the Emergency Room.]

("Kexu" Interview)

In the end, Kexu received pills to stop the hemorrhage and left the hospital without being interrogated. However, the experience once again shows the health risks that women take when aborting under a system which does not prioritize their health and wellbeing. If it were not for the fear of being punished for deciding to abort, Kexu could have gone to the hospital days before and could have avoided all of the pain, fear and risk to her health that she suffered.

Overall, these difficulties experienced by Fernanda, Susana, Isabella and Kexu during their abortions directly corresponded to the conditions under which they were aborting, rather than the process itself, which when done correctly and in adequate conditions typically has no negative health consequences (Centro Legal para Derechos Reproductivos y Políticas Públicas 43). Whether it be a lack of anesthesia, mistreatment by third parties, or physical complications post-abortion each woman's negative experience could easily have been avoided had they had the proper resources and support system. Finally, even despite their difficult and even violent experiences, each woman knew that having an abortion was without doubt the correct option for her, and at the time of their respective interviews stood by their right to have made the decision regardless of the law.

When Abortion is Unavailable: The Cruel Realities of Forced Maternity

Not all women in Chile who want abortions are able to find the means to do so. In particular, due to numerous oppressive institutions and social structures, poor, rural and immigrant women often are left without the resources, whether it be money or connections, to purchase pills or to go to a clinic for an abortion. While many attempt, successfully or unsuccessfully, to self-induce an abortion with herbs or more dangerous methods, many others resign themselves to having a child they do not want or are unprepared to care for. Within this small study alone, two of the seven women were unable to find the means to abort and instead were forced to carry unwanted pregnancies to term despite their personal wishes and needs. As mentioned at the beginning of this section, soon after her first abortion Kexu became pregnant, despite having received an anti conceptive shot with 99% efficacy. After searching

unsuccessfully for a means to abort, Kexu was forced to carry the child to term and now raises her daughter as a single mother. Like Kexu, many other woman throughout Chile have been forced to become mothers against their will, even in the most dire of situations including young girls who have been raped by family members, women whose lives are at risks, and women whose babies have such serious health issues that they are unlikely to survive long outside of the womb.

This last case, often referred to as fetal malformation, was the main reason that one woman, **Karen Espíndola**, sought out an abortion, even invoking the help of President Bachelet and the Chilean State, a plea that was ultimately denied. Karen, now a 31-year-old mother, student and abortion rights activist was in many ways instrumental to the 2017 change in the abortion law to make legal the procedure in the three cases mentioned above. Karen was 22 years old when she became pregnant with her first child. Despite it being unplanned and having split from the father, Karen was thrilled to be pregnant. However, at a routine checkup at the 12 week mark, Karen realized that something was horribly wrong. Below is a segment of her story detailing the incredibly painful and life-changing experience she was forced to endure as a result of the abortion law.

El diagnóstico de la inviabilidad se dio a las 12 semanas de gestación. Anteriormente alrededor de las 10 semanas, me había realizado una ecografía en un centro médico de bajo prestigio, pero económico, en el cual no pudieron medir su cabeza, lo que encendió todas mis alarmas y decidí buscar otra hora con otro doctor en el hospital clínico de la Universidad de Chile. En el minuto que me informaron estaba con mi mamá, fue un episodio muy doloroso... Me indicó que era una malformación gravísima, pero me lo

comentó con mucho cuidado ya que yo en ese minuto estaba en shock. Salí llorando de la consulta, pero nunca imaginé la real magnitud de lo que estaba viviendo y de lo vendría. [They gave the diagnosis of inviability at 12 weeks gestation, earlier, around 10 weeks they did a sonogram in an unprestigious but affordable medical center during which they couldn't measure the baby's head which set off all my internal alarms, so I decided to seek out another time with another doctor in the hospital clinic of the University of Chile. At the time they told me I was with my Mom; it was a very painful experience... They told me that there was a serious malformation, but they took great care to explain everything since at the time I was in shock. I left the clinic crying, but I never imagined the true magnitude of what I was living and what was to come.] (Espíndola, Karen)

At 17 weeks, after countless appointments, Karen received the diagnosis of alobar holoprosencephaly (HPE), a rare genetic disease where the brain fails to divide into two hemispheres in most cases causing the baby to die before birth (“Learning About Holoprosencephaly”). Based on a diagnosis that left little chance of survival, Karen decided that abortion was the best option to prevent both her own suffering and the suffering of her baby. Despite this being an acute medical condition, Karen knew that she would not be allowed to abort legally in Chile, and lacked the connections to do so through back channels. Thus, out of fear for her health, at 20 weeks Karen wrote a letter to President Bachelet, describing her situation and the injustice of being denied the right to choose in such an important moment of her life. Despite her best efforts to frame a legal solution for a medical condition, and the support of President Bachelet, Karen was ultimately denied the option to abort by the Chilean government.

Thus, Karen was left with no choice but to continue the pregnancy to term not knowing how long her son might live if at all. In the end, her son, Osvaldo, was born with severe health problems as expected and despite living for two years, was subject to constant pain and medical problems throughout his life, all of which was incredibly difficult for Karen.

Imagínate la tortura de llevar un embarazo de esas características. En vez de prepararme para la vida, mi mente estaba todo el día pensando en la muerte en sí, esa es una tragedia tremenda. ¿Es posible prepararse para ese desenlace inevitable? Pensaba todo el día cómo sería ese momento. ¿Lo perdería durante el embarazo? ¿Sería bueno para mí mirarlo cuando naciera? Todas esas preguntas y dudas divagaban por mi cabeza. Iban y venían casi como una pesadilla. Estaba muy mal psicológicamente.

[Imagine the torture of carrying a pregnancy with those characteristics. Instead of preparing myself for life, all day my mind was thinking about death, that was a tremendous tragedy. Is it possible to prepare yourself for that inevitable outcome? I thought all day about how the moment would be. Would I lose him during the pregnancy? Would it be good for me to look at him when he was born? All these questions and doubts ran through my mind coming and going like a nightmare. It was very bad psychologically.] (Espíndola, Karen)

Such suffering caused by the denial of a medically necessary abortion was not limited to Karen. Even after his birth, her son lived what Karen described as two years of agony, constantly facing health problems that destroyed the entire family.

Fueron dos años de agonía para él. Convivir día a día con la muerte fue emocionalmente desgastador, fueron momentos realmente muy difíciles, principalmente

mientras iba asimilando todo este horror que vivía. Mi hijo sufrió mucho sin ningún sentido para él, porque él no podía percibir lo que sucedía. Fue algo macabro para él y para toda la familia. Este dolor destruyó mi vida, mis ilusiones y mis ganas de vivir... Y [con] su muerte racionalmente entendía que el sufrimiento innecesario de mi hijo llegaba a su fin, pero yo estaba destrozada.

[It was two years of agony for him. To coexist day to day with death was emotionally draining. There were really difficult moments mainly while I was assimilating into all the horror that I was living. My son suffered so much for no reason, because he couldn't understand what was happening. It was macabre for him and for the entire family. This pain destroyed my life, my hopes and my will to live... And with his death I rationally understood that my son's unnecessary suffering had reached its end, but I was totally destroyed.] (Espíndola, Karen)

The government's decision to prohibit Karen to abort irreparably affected and continues to affect her and her family. In the moment that Karen was denied an abortion, the Chilean State effectively decided that the prolonged suffering and life of an inviable fetus was worth more than the life of his mother, thus forcing her in many ways to act as an involuntary incubator. Even in what is typically considered one of the most extreme cases, Karen's life, her health, desires and future were all disregarded by the state in favor of protecting a fetus with little chance of survival. With this act, and through the denial of abortion to all other Chilean women who have been forced to carry an unwanted pregnancy to term, the Chilean government reinforced their legal claim that women are second class citizens whose value adheres to the children they are capable of producing.

In the end, by denying access to abortion in every circumstance under the 1989 law and in 97% of cases today, the Chilean State unquestionably has caused undue pain, suffering and even risked the lives of untold numbers of women like those who agreed to participate in this research study. Whether it be in only one instance or in each stage of the abortion process, it is inevitable that a woman living under such conditions will face some form of structural violence when confronting an unwanted pregnancy. All the women who participated in this study suffered for their decision to abort under illegality, whether it be physically, economically or emotionally. Due to the confines of the abortion law these women faced everything from abandonment of paternal obligations (“Kexu” and “Isabella”), partner violence and coercion (“Susana” and “Kexu”), to threatening and humiliation from strangers (“Kexu”, “Isabella” and “Susana”). Beyond interpersonal violence, the women in this study were faced with painful or even life threatening medical situations which came about as a result of poor and unreliable information (“Isabella” and “Kexu”), inadequate conditions and un-reportable medical negligence or deliberate abuse (“Fernanda”). Finally, because of the abortion law two women in this study, like countless others in Chile, were forced to carry an unwanted pregnancy to term and to bear the financial, mental and physical tolls that this burden implies (“Kexu” and Karen Espíndola).

By taking into account the theory of structural violence, and in particular the coercive and punishing nature of state institutions, one can see how each instance of violence in this study can be traced back to the confines of the law. In the end, nevertheless, each woman who was able to abort was relieved by what she had chosen for herself, a fact which highlights the deep flaw in pro-life perspectives which paint abortion as a cruel and traumatizing experience for women. Rather, through an examination of structural violence, one can see that the difficulties many

experience within the abortion process are not caused by the abortion in and of itself, but rather the conditions of abuse, vulnerability and isolation imposed by the State and specifically by the abortion law.

These conditions do not affect all women in the same way, however, and are inextricably linked to one's individual situation. Above all, women who are the already most marginalized in Chile have the highest risk of exploitation and incidences of structurally imposed violence during the abortion process. Structures like the abortion law have the gravest effects on women who are already in situations of abuse, those with little to no familial or partner support, poor women, women not of European-descent and those in rural areas without access to clinics and other resources available in larger cities and towns. Thus, because of these realities, it is essential that considerations of reproductive justice move beyond simple legality, which is without a doubt a necessary component, and take into account the numerous and pervasive factors which serve to limit and marginalize women. While eradicating all forms of subjugation and oppression that affect women seems at this point a largely impossible task, true reproductive justice can only be achieved when women of all backgrounds have legal, safe and affordable access to abortion in all cases and without judgement of any form. In the conclusion I will consider what such reproductive justice might look like taking into account the idea of autonomous abortion, a tool of resistance and self-reliance which has become increasingly popular in post-dictatorship Chile in response to the failure of the government to protect the basic rights of its female citizens.

Conclusion:

Overall, it is my hope that the stories included in this project have helped to shed light on an issue which for many years has been discussed only in hushed voices, in dark places and often with fear of both legal and social repercussions. Like many women in Chile, the stories of Isabella, Kexu, Susana, Fernanda, and Karen (along with the two women whose stories did not make it into the final project) show that the “trauma” of abortion is essentially linked to the condition under which it is induced. Specifically, by taking into account the function of coercive institutions and in particular, how structural violence manifests through such institutions, one can see that abortion is not by nature a traumatic or dangerous process but rather that it becomes one because of the patriarchal and oppressive society under which it occurs. As mentioned in the introduction, none of the women included in this study felt that they had done something wrong by choosing to abort, nor did they feel guilty or ashamed of what they had done. Rather, they saw the trauma they endured as something that could have been avoided had they been provided with the social and legal conditions necessary to undergo a safe, affordable and legal abortion. Had these conditions been in place the women in this project would have very likely not endured such interpersonal, physical and psychological trauma or at the very least would have had the power to report it. In other words, the violence that each woman experienced may be said to stem not from their actions or inactions, which in many ways were out of their control, but rather from the structural violence and injustice of the abortion law and the patriarchal society within which it exists.

Through a combination of legal punishment, social stigmas and other conditions cultivated around abortion during the dictatorship, women in Chile (and in any state that bans

abortion) remain subjugated through the denial of their control over reproductive agency. Unlike their male counterparts, women's capacity to become pregnant has repeatedly been used to restrict their life choices, in many cases forcing them to abandon their own lives in order to fulfill the duties of motherhood. Through access to contraception and abortion, women have been able to regain a level of agency over such situations, to decide for themselves whether pregnancy and motherhood are right for them at a given point in their lives. By limiting access to sex education (which is still limited in many Chilean schools), contraception (which often depends on knowledge, finances, and individual access), and abortion, the violent apparatus of the patriarchal state ensures that women as a group will remain forcibly linked to their reproductive capacities and therefore will remain unable to fulfill their full potential as autonomous human beings.

As highlighted in the historical section of this project, the Chilean State has repeatedly viewed women's desire to control their own reproduction as a lesser concern compared to matters of international and domestic security and progress. When women first gained access to reproductive technologies in the 1950s and 60s, this access came about not as a result of their personal needs, but rather as part of a quest for modernity and progress in the Cold War era. During this time women were largely defined by their capacity to produce and raise children, and those who were deemed "unfit" to parent were required by the State to limit their reproduction, independent of their desires. In particular, poor women were typically the targets of such stigmatization as well as legal punishment, a trend which has continued on until today. Later, in the 1970s under Allende, women across Chile finally gained consistent access to family planning centers, however their rights were once again pitted against larger international and domestic

phenomena, specifically questions of imperialism and population. During this time, women were once again associated with motherhood⁸ and even in the political sphere were pushed to the background in favor of their male counterparts. Finally, in the dictatorship period, the link between women and motherhood was concretized both legally and socially, with the forcible indoctrination of women and men into traditional private and public roles. During this period women who stepped outside of such roles were severely punished, both for exercising their reproductive rights and for daring to enter into what was considered the male sphere.⁹ This historical legacy which repeatedly prioritized other political concerns over the rights of women lives on today in the abortion law (and in other laws like it) as well as in the dominant public view of women and their role in society.

Overall, the left's political continuum from Allende to Bachelet raised hopes for a redefinition of women's role in Chilean society that would advance their agency. However despite the election of Michelle Bachelet, undeniably a step forward at the very least symbolically for the rights of women, women's rights remain a secondary issue in Chile. In particular, even taking into account the passage of the Ley de Tres Causales, the rights of women to control their reproductive-lives remains under threat. As evidenced by Pinochet in 1989 and by Piñera in March 2018, even rights which have been formally written into law can be taken away with a stroke of a pen. Even an administration that values women's reproductive rights cannot truly ensure that such rights will be protected in the future, leaving women in a tenuous position of dependency on unreliable, and often violent, institutions. Women in Chile are not naive to this reality and in fact many have developed their own independent means of ensuring their own reproductive freedoms independent of the state. Across Chile, women have organized

into independent collectives around the idea of autonomous abortion, or abortion undertaken by the woman herself, with whomever she chooses, without the intervention or input of any state institution. During the final stages of the research process I had the privilege to obtain an interview with the autonomous activist group *Nosotras Decidimos* [We Decide], a collective which comprises part of the Campaign *Misopa todas* [Miso(prostol) for all].¹⁰ During the interview members of the collective outlined what autonomous abortion means to them and shed light on its importance to women in a society which publicly stigmatizes the practice and does not provide any form of access to safe, legal and affordable abortion. According to members of *Nosotras Decidimos*,

Para nosotras, un aborto autónomo se relaciona con una experiencia parte de las trayectorias sexuales y (no) reproductivas de las mujeres, es aquel donde las mujeres ejercen su derecho a decidir sobre si desean o no continuar un embarazo y en esa decisión, no es necesario la intervención de ninguna institucionalidad o representantes de instituciones (Médica, Iglesia). En términos del procedimiento, éste puede ser realizado por la misma mujer, sin asistencia médica, y por tanto, con la compañía que ella decida. En consecuencia, un aborto autónomo es parte de una experiencia de autodeterminación de las mujeres sobre su cuerpo y sobre sus proyectos de vida.

[For us, an autonomous abortion is related to an experience that is part of the sexual and (not) reproductive paths of women; it is where women exercise their right to decide whether they want or do not want to continue with a pregnancy and in that decision, the intervention of institutions or representatives of institutions (medical or religious) is unnecessary. In terms of procedure, this can be carried out by a woman herself, without

medical assistance, and therefore, with the company of whomever she decides. Thus, an autonomous abortion is part of an experience of women's self-determination over their bodies and over the course of their lives.] (Nosotras Decidimos)

Through autonomous abortion, which is most often carried out with the use of abortive drugs like misoprostol and mifepristone, women, like the representatives of Nosotras Decidimos, recognize that true reproductive control cannot be dependent on institutions. They recognize that even if abortion were entirely legal, they would remain vulnerable to the whims of institutions that have historically never had women's best interests in mind and that have the capacity to take and grant rights at will. In particular, they refuse to be dependent on the state or the medical establishment, or be subject to the interference of religious institutions like the Catholic Church, which has for years played an active role in defining the moral permissibility of reproductive control in Chile. In the words of the Nosotras Decidimos,

Nosotras somos profundamente críticas del Estado actual, de hecho para nosotras sólo representa la historia del Patriarcado y por tanto, sólo ha permitido el perfeccionamiento de este sistema opresor, incluso disfrazando de logros lo que sólo ha servido para consolidar nuestra opresión. Si bien se pueden lograr pequeños avances, los retrocesos o consolidaciones de los mecanismos opresivos van de la mano de esos "avances".

[We are deeply critical of the current State, in fact for us it only represents the history of the Patriarchy and therefore, has only permitted the perfection of this oppressive system, including disguising itself with achievements that have only served to consolidate our oppression. Even though they may achieve small advances, the setbacks or consolidations of oppressive mechanisms go hand in hand with these advances.] (Nosotras Decidimos)

Thus, in response to the violent, oppressive and patriarchal nature of the state, women like the members of Nosotras Decidimos, have organized to protect their own rights, their own lives and their own dignity. Through education, acceptance of women's individual choices, and the cultivation and diffusion of resources for abortion and birth control, such women seek to provide themselves and women like them with the ability to choose in a free and meaningful way about their own futures. Overall, the central components of autonomous abortion revolve around options and around choice, specifically the choice to end or continue with a pregnancy and the option to do so with ease, and without moral, social or legal judgements. While groups like Nosotras Decidimos may not yet have the power or the reach of State institutions, they provide an essential framework to comprehend how abortion may look without the imposition of violence. In particular, they recognize that in order for abortion to be a liberating rather than an oppressive process, it must be undertaken under conditions free of judgment, financial or interpersonal sanctions, with adequate and affordable care, and most importantly in accordance with the individual desires of the woman herself. Thus, overall, while autonomous abortion may not yet be a reality for all women, in Chile or worldwide, it shows that there is hope for women to exist and to thrive despite the constraints of violent social structures and institutions.

Finally, it is important to note the limited scope of this project and consequentially the areas which prompt further investigation. This research was conducted among a small sample of the millions of women living in Chile all of whom have individual experiences, perspectives and realities in relation to reproductive rights and abortion. In particular, this project fails to address the situations of deeply impoverished, rural, indigenous and immigrant women who are often most subjected to the violence imposed by the abortion law. While in Santiago and in other large

cities throughout Chile women have been able to develop rich and powerful collectives to provide abortive resources, in smaller towns and cities this is not always the case. Additionally, as indicated by a number of the women interviewed for this study as well as the brief time I spent in the Mapuche region in the south of Chile, such women are not without their own resources or means of resistance. Specifically, the Mapuche, Chile's largest indigenous group, have for centuries used medicinal herbs to induce abortions when necessary without having to depend on the help of the State. Thus, a more nuanced understanding of the significance of abortion, reproductive rights and coercive state apparatuses to women in Chile, would require a deeper study, particularly in rural and Indigenous communities in the North and South of the country which hold a distinct relationship to the State and to the question of abortion.

Despite these limitations, the stories and historical research contained in this study continue to indicate a systemic failure on the part of the Chilean Government to adequately protect and support the reproductive rights of women. As long as the abortion law exists in any form other than complete legalization, women will continue to be affected by violence of all forms which they are legally unable to denounce. Further, this violence will continue to be directed at the most marginalized in society, particularly poor women who for decades have been the target of the State's persecution and stigmatization. Finally, as indicated by scholars like Rosalind Petchesky and by reproductive rights activists throughout Chile, the legalization of abortion alone will not provide women with true reproductive freedom. Rather, it is only through the elimination of all social, economic, political and legal barriers which inhibit women of all backgrounds that the reproductive right to abortion may become achievable for all.

Appendix A: Entrevista con la agrupación Nosotras Decidimos

1. ¿Cómo se define el aborto autónomo?

Lo primero que queremos aclarar es que responderemos las preguntas a partir de nuestra experiencia y reflexiones como NDV (Nosotras Decidimos), colectiva que forma parte de la Campaña Misopa'todas, iniciativa que sostiene la Red Feminista y Lesbofeminista de entrega de información para un aborto libre, seguro y autónomo.

Para nosotras, un aborto autónomo se relaciona con una experiencia parte de las trayectorias sexuales y (no) reproductivas de las mujeres, es aquel donde las mujeres ejercen su derecho a decidir sobre si desean o no continuar un embarazo y en esa decisión. No es necesario la intervención de ninguna institucionalidad o representantes de instituciones (Médica, Iglesia). En términos del procedimiento, éste puede ser realizado por la misma mujer, sin asistencia médica, y por tanto, con la compañía que ella decida. En consecuencia, un aborto autónomo es parte de una experiencia de autodeterminación de las mujeres sobre su cuerpo y sobre sus proyectos de vida.

2. ¿En sus experiencias cuáles son los beneficios de un aborto con misoprostol/mifepristone en comparación con otros métodos, tomando en cuenta el estado mental, el bienestar y la autonomía de las mujeres? O sea, ¿Cómo puede ser libertador este proceso?

Una cuestión central en nuestro activismo refiere a quitar el velo de la culpa y moralizador con el cuál ha sido cargada la experiencia abortiva en las sociedades conservadoras, como en Chile. Por tanto, lo que tratamos de transmitir en nuestro activismo es que la experiencia abortiva es una experiencia que hace cientos de años practican las mujeres, que es

por tanto, una experiencia común entre las mujeres. Por otra parte, en la actualidad existe un procedimiento muy seguro que es el aborto con medicamentos cuyo uso y protocolo está avalado por la Organización Mundial de Salud, y por la experiencia de miles de mujeres en el mundo que se han practicado el aborto de esta manera. Lamentablemente, en este país los medicamentos abortivos no se encuentran registrados para ese fin en el ISP (Instituto de Salud Pública) y además, no se pueden adquirir en las Farmacias.

Un aborto liberador (si hablamos de libertades no puramente individuales sino colectivas) sólo será posible cuando la sociedad no juzgue a la mujer en ningún sentido, no juzgue la no utilización de métodos de protección, no juzgue su forma de vivir su sexualidad, cuando no juzgue si es la segunda o tercera vez que tiene que realizar el procedimiento, cuando más bien la sociedad toda comprenda que son las mujeres las que tienen que decidir sobre si proseguir un embarazo o no. Cuando ello suceda estaremos hablando de transformaciones en la representación simbólica y social de nosotras las mujeres y en ese contexto, la experiencia de aborto será parte de una trayectoria vital. [Sería] una posibilidad, así como cuando decides usar o no usar anticonceptivos, así como cuando decidas iniciar tu vida sexual activa y con quién, el aborto no es más ni menos o debiera ser considerado, una experiencia más en el devenir sexual y reproductivo de las mujeres. Apelamos también con ello, a terminar con el mandato de la maternidad obligatoria, que es un eje central en el mantención de nuestras opresiones.

Actualmente algunas mujeres pueden vivir la experiencia de aborto como un proceso liberador, pero tiene que ver con diversos factores y una cuota de suerte, por ejemplo, contar con contextos de apoyo específicos. Y esa experiencia es muy importante en la perspectiva de ir construyendo un relato que pueda difundirse desarropado de la culpa y del trauma. Sin embargo, nosotras

aspiramos a que esa experiencia individual y específica, sea una posibilidad para todas las mujeres. Es decir, que todas puedan plantearse con un embarazo en curso si desean o no proseguir con ello. Es ahí, donde nosotras vemos que para ello es necesario transformaciones profundas porque eso necesariamente tiene que ir acompañado con cambios radicales en los marcos ético-morales. Tiene que ver con cómo socialmente valoramos la maternidad e incluso los cuidados de la infancia y por sobre todo, tiene relación con la representación social que se tiene de las mujeres. Y en ese sentido, no nos interesa una liberación del aborto dentro de los marcos de sociedades neoliberales que piensan en el aborto y en la autonomía como decisiones puramente individuales. Más bien pensamos, que si bien la decisión de abortar es de las mujeres tiene relación, cuando va acompañada de cuestionamientos a cómo se ha construido el ser mujer en las sociedades capitalista patriarcales, con cuestionamientos a las posiciones y funciones obligatoriamente asignas a la mujeres como grupo social, y que han permitido la producción y reproducción de profundas desigualdades. Sabemos que en países capitalistas la posibilidad de abortar puede convivir perfectamente con la lógica mercantil, por ello, nosotras al hablar de aborto también hablamos de maternidad obligatoria y de las cadenas opresivas que mantiene el Patriarcado, entre las que se encuentra el control sobre nuestros cuerpos.

3. ¿Si el aborto fuera completamente legal en infinitas causales, todavía apoyarían el aborto autónomo y la educación alrededor del misoprostol y mifepristone? ¿Por qué sí o no?

Nosotras no hacemos activismo en pos de una ley, no nos interesa, más bien lo que nos motiva son los cambios en el campo simbólico y social en torno a las mujeres, luchamos por la despenalización social del aborto y en esa labor, pensamos que las leyes pueden ser incluso

perjudiciales, sobre todo en marcos profundamente patriarcales, por ello, no hemos sido parte de la lucha por el aborto en 3 causales. Nuestra lucha es porque se construyan cadenas de apoyo y de affidamiento entre mujeres, y en eso la entrega de información resulta fundamental. Nosotras hacemos un trabajo que el Estado no realiza y no la va hacer porque no le interesa que las mujeres todas podamos decidir sobre nuestros cuerpos y nuestras vidas.

4. Desde sus perspectivas, ¿qué es el rol del estado en cuanto al aborto, por ejemplo, ¿Se debe tener un rol en primer lugar?, ¿Se debe legislar sobre el tema?, ¿Se debe proveer servicios o educación?

Nosotras somos profundamente críticas del Estado actual, de hecho para nosotras sólo representa la historia del Patriarcado y por tanto, sólo ha permitido el perfeccionamiento de este sistema opresor, incluso disfrazando de logros lo que sólo ha servido para consolidar nuestra opresión. Si bien se pueden lograr pequeños avances, los retrocesos o consolidaciones de los mecanismos opresivos van de la mano de esos “avances”. En consecuencia, no esperamos nada significativo del Estado, quizás lo único podría ser una despenalización total, lo que supondría modificaciones en la constitución y el ámbito de lo penal, pero eso es ilusorio pensarlo como un posibilidad real, el Estado funciona al ritmo de los grupos económicos y en ellos han sectores conservadores e incluso fundamentalistas que son muy importantes en la mantención del poder. Por tanto apostamos a la autonomía política y a la autogestión, ahí apostamos nuestros esfuerzos políticos organizativos.

5. En vez de trabajar en el ámbito legal/político ustedes forman parte de un red completamente independiente del estado, ¿por qué es tan importante este tipo de activismo y qué tipo de cambio genera?

En la perspectiva de construir proyectos profundamente transformadores, creemos que la autogestión y la autonomía política, partidista, son principios fundantes. Hablamos de autonomía en tanto nuestro actuar político no responde a intereses partidistas, ni gubernamentales, hablamos de autogestión, no pensada en la típica idea de generación de recursos, sino más bien, en cómo vamos construyendo capacidades colectivas para enfrentar los problemas que nos genera las opresiones y subordinaciones instaladas en este sistema.

6. ¿En los próximos años cómo anticipan que la situación de aborto vaya a cambiar socialmente y legalmente? ¿Qué creen que sería el efecto del gobierno de Piñera en esta situación?

No creemos que exista un cambio importante, en nuestra perspectiva la ley IVE [Interrupción Voluntaria del Embarazo] no significa ningún avance, de hecho si se revisa las características que asumió la discusión, la imagen de la mujer como víctima es una de las que prima, otra, la de la mala mujer, por tanto, en su limitación, la ley sólo ha venido a reforzar estereotipos muy instalados en la sociedad. Para nosotras el desafío es seguir organizadas y articuladas con otras organizaciones, en pos de avanzar hacia una despenalización social del aborto, lo que a su vez, implica instalar ideas que rompan con las construcción de las mujeres que el patriarcado ha fabricado. Es también, un desafío ir profundizando en la idea del control de los cuerpos y sus implicancias en una sociedad profundamente neoliberalizada, pero que mantiene e incluso acentúa elementos conservadores.

Appendix B: English Translation of Interview with the Group Nosotras Decidimos

1. How would you define autonomous abortion?

The first thing we want to clarify is that we will respond to these questions from our own experience and reflections as NDV (Nosotras Decidimos), a collective that forms part of the Campaign Misopa'todas (Misoprostol for all), an initiative which upholds the distribution of information for a free safe and autonomous abortion by the Red Feminista y Lesbofeminista (Feminist and Lesbo-Feminist Network).

For us, an autonomous abortion is related to an experience that is part of the sexual and (not) reproductive paths of women; it is where women exercise their right to decide whether they want or do not want to continue with a pregnancy and in that decision, the intervention of institutions or representatives of institutions (medical or religious) is unnecessary. In terms of procedure, this can be carried out by a woman herself, without medical assistance, and therefore, with the company of whomever she decides. Thus, an autonomous abortion is part of an experience of women's self-determination over their bodies and over the course of their lives.

2. In your experiences (may be personal or with accompaniments), what are the benefits of an abortion with misoprostol/mifepristone in comparison with other methods, taking into account the mental state, the wellbeing and the autonomy of women? That is to say, how might this process be liberating?

A central question in our activists refers to removing the veil of shame and morality with which the abortion experience has been charged in conservative societies, like in Chile, Therefore what we try to transmit in our activism is that the abortion experience is an experience

that women have been practicing for hundreds of years, and that because of this it is a common experience among women. What's more, currently there exists a very safe procedure, that is abortion with medication the use and protocol of which has been approved by the World Health Organization and by the thousands of women in the world who have practiced abortion in this way. Unfortunately, in this country you can't find abortive medications registered for this use in the ISP (Institute of Public Health) and besides, cannot be acquired in pharmacies.

A liberating abortion (if we speak of liberties not purely individual but also collective) will only be possible when society no longer judges women in any sense, does not judge the lack of contraceptive use, does not judge her form of living her sexuality, when it doesn't judge if it is the second or third time the one has to undergo the procedure, when rather society as a whole understands that women are those who have the right to decide whether to continue with a pregnancy or not. When this happens we will be speaking of transformation in the symbolic and social representation of us women and in this context, the abortion experience will be part of a vital trajectory, a possibility, just as when one decides to use or not use contraceptives, just as when one decides to begin being sexually active and with who, abortion is no more or less nor should it be considered as such. It is simply one more experience in sexual and reproductive evolution of women. We appeal also to the end of the mandate on obligatory maternity which is a central axis of the maintenance of our oppressions. Currently some women may live their abortion experience as a liberating process, but it has to do with diverse factors and a dose of luck, for example, counting on specific contexts of support. This experience is very important in the perspective of building an account which can be spread in order to unveil the shame and the trauma. However, we hope that this individual and specific experience can be a possibility for all

women, that is to say, that all can when faced with a pregnancy can consider if they do or do not want to continue with it. It is here where we see that profound transformations are necessary because this necessarily must be accompanied by radical change in the ethic and moral frameworks. It has to do with how we socially value maternity including infant care and above all, it is related to the social representation that women have. And in this sense, we are not interested in the liberation of abortion within the frameworks of neoliberal society which think about abortion and autonomy as purely individual decisions. Rather we think that the decision to abort is relational when it is accompanied by questioning of the positions and obligatory functions assigned to women as a social group which has permitted the production and reproduction of profound inequalities. We know that in capitalist countries the possibility to abort can perfectly coexist with mercantile logic, because of this, when we speak of abortion we also speak of obligatory maternity and the oppressive chains painted by the Patriarchy within which we locate the control over our bodies.

3. If abortion were completely legal in infinite causes, would you still support autonomous abortion and education around misoprostol and mifepristone? Why or why not?

We do not do activism in search of a law, it doesn't interest us, rather what motivates us are changes in the social and symbolic fields which surround women. We fight for the social decriminalization of abortion and in relation to this work, we think that laws can be damaging, above all in profoundly patriarchal frameworks. Due to this we have not been part of the fight for abortion in three causes. Our fight is meant to build links of support and trust between women, and in this, the diffusion of information is fundamental. We do the work that the state does not

and is not going to do because it does not interest them that all women are able to decide about our bodies and our lives.

4. From your perspectives, what is the role of the state in relation to abortion? For example, should they have a role in the first place? Should they legislate around the topic? Should they provide services or education?

We are deeply critical of the current State, in fact for us it only represents the history of the Patriarchy and therefore, has only permitted the perfection of this oppressive system, including disguising itself with achievements that have only served to consolidate our oppression. Even though they may achieve small advances, the setbacks or consolidations of oppressive mechanisms go hand in hand with these advances. Therefore we do not hope for any significant from the State, perhaps the only thing that they might be able to provide is total decriminalization, which would mean modifications to the constitution and the criminal sphere. But it is illusory to think of it as a real possibility, the State functions at the rhythm of the economic groups and within those are conservative and even fundamentalist sectors that are very important to the maintenance of power. Therefore, we wager on autonomy and self-management, from here we place our political organizing forces.

5. Instead of working in the legal/political sphere you form part of a network completely independent of the state, why is this type of activism so important and what type of change does it generate?

From the perspective of constructing profoundly transformative projects, we believe that self-management and political autonomy are foundational beginnings. We speak of autonomy in our political actions which do not respond to partisan nor government interests. We speak of self-management, not in the typical idea of the generation of resources, but rather, in how we go about construction collectives capacities to face the problems installed in the system that generate our oppression and subordination.

6. In the next years how do you anticipate that the current abortion situation is going to change socially and legally? What do you believe will be the effect of the Piñera government on this situation?

We do not believe that an important change exists, from our perspective the IVE law [Voluntary Interruption of a Pregnancy] does not signify any advance. In fact if one reviews the characteristics that take over the discussion, the image of woman as victim is primary, the other is that of the bad women. Thus, in its limited quality the law only has managed to reinforce the stereotypes already deeply engrained in society. For us the challenge is to continue organizing and articulating ourselves with other organizations, in pursuit of advancing towards the social decriminalization of abortion, which in turn, implies installing ideas with break with the construction of women that the patriarchy has fabricated. It is also a challenge to continue delving into the idea of control over bodies and its implications in a deeply neo-liberalized society which maintains and even emphasizes conservative elements.

References:

- Acuña Moenne, M. E., "Embodying Memory: Women and the Legacy of the Military Government in Chile." *Feminist Review*, no. 79, 2005, pp. 150-161.
- Allende Gossens, S., and Canning, J. "Salvador Allende Reader: Chile's Voice of Democracy." *Ocean Press*, 2000, pp. 239-243.
- Angell, A. and Pollack, B., "The Chilean Elections of 1989 and the Politics of the Transition to Democracy." *Bulletin of Latin American Research*, vol. 9, no. 1, 1990, pp. 1-23.
- Bacchetta, P., and Power, M., "Right-wing women: from conservatives to extremists around the world" *Routledge*, 2002, pp. 273-286.
- Bachelet, M., "Discurso de S.E. la Presidenta de la República Michelle Bachelet Jeria, al presentar el Plan de Acción para la Protección de la Infancia Vulnerada." Santiago, Chile, 5 October, 2016.
- Bartky, S. "Foucault, Femininity, and the Modernization of Patriarchal Power." *Feminist Theory Reader: Local and Global Perspectives 4th Ed.*, edited by Carole McCann, Seung-kyung Kim, Routledge University Press, 1989, pp. 466-481.
- Butler, J. "Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory." *Feminist Theory Reader: Local and Global Perspectives 4th Ed.*, edited by Carole McCann, Seung-kyung Kim, Routledge University Press, 1989, pp. 481-491.
- Casas, L.B. "Women and Reproduction: From Control to Autonomy - The Case of Chile," *American University Journal of Gender, Social Policy & the Law*, vol. 12, no. 3, 2004, pp. 427-452.
- Casas L. and Vivaldi L., "La Penalización del Aborto como una Violación a los Derechos Humanos de las Mujeres." *Scribd*, 2013, <https://www.scribd.com/document/254242699/libro-DDHH-capitulo2-Aborto>.
- Centro Legal para Derechos Reproductivos y Políticas Públicas. "Encarceladas: Leyes contra el aborto en Chile un análisis desde los derechos humanos." *CRLP/Foro Abierto*, 1998.
- Chasteen, J. C., "Born in Blood & Fire: A Concise History of Latin America 4th Edition." *W.W. Norton & Company*, 2016, pp. 267-282.
- "Chile Adopts Pronatalist Policy." *Population and Development Review*, no. 3, 1979, p. 563-571, www.jstor.org/stable/1972114.
- "Chile impide abortar a una niña de 11 años violada por su padrastro." *Nosotras Decidimos*, July 7, 2013, nosotrasdecidimos.org/chile-impide-abortar-a-una-nina-de-11-anos-violada-por-su-padrastro/.
- "Chile Registra Más De 100 Abortos Seis Meses Después De Su Despenalización." *Deutsche Welle*, April 1, 2018, www.dw.com/es/chile-registra-más-de-100-abortos-seis-meses-después-de-su-despenalización/a-43222022.
- Chomsky, N., and Foucault, M. "The Chomsky-Foucault Debate: On Human Nature." *W.W. Norton*, 2006.
- Clark, V. F., "Salvador Allende: Revolutionary Democrat." *Pluto Press*, 2013.
- Constable, P., and Valenzuela, A., "A Nation of Enemies : Chile under Pinochet." *W.W. Norton*, 1991.
- Correa, Antonio. Personal Interview. November 21, 2016. Trans. Lewis.

- Deere, C. D., and León, M., "Empowering Women: Land And Property Rights In Latin America." *University of Pittsburgh Press*, 2001, pp. 32-61, www.jstor.org/stable/j.ctt5hjpf6.
- Dides, C. and Maulhardt, T., "A debt of democracy: abortion in Chile." *Conscience*, Spring 2015, pp. 29-32, http://link.galegroup.com/apps/doc/A421769545/AONE?u=connc_main&sid=AONE&xid=df255992.
- Eguiguren P., "Desigualdad de género, política pública y aborto" *El continuo de violencia hacia las mujeres y la creación de nuevos imaginarios*. Red Chilena contra la Violencia hacia las Mujeres, 2015, pp. 57-64.
- Faúndes, A and Barzelatto, J., "El Drama del Aborto: En Busca de un Consenso." *LOM Ediciones*, 2005.
- Farías, P. "Cambiar la Vida: Historia del Movimiento de Mujeres en Chile." *SEPADE*. May 1991. "Fernanda." Personal Interview. July 5, 2017. Trans. Lewis.
- Foucault, M. "Discipline and punish: The Birth of the Prison." *Vintage Books*, 1995.
- "Fundacion Chile Unido- Embarazada." 10 March, 2007, Youtube, https://www.youtube.com/watch?v=HfMzAl_hWZw.
- Galtung, J., "Violence, Peace, and Peace Research." *Journal of Peace Research*, vol. 6, no. 3, 1969, pp. 167–191.
- Guttmacher Institute, "Induced Abortion Worldwide." 11 October, 2017, www.guttmacher.org/fact-sheet/induced-abortion-worldwide
- Guzmán, P., "La Batalla De Chile La Lucha De Un Pueblo Sin Armas - The Battle of Chile: the Struggle of an Unarmed People." *Icarus Films Home Video*, 2009.
- Halva-Neubauer, G.A., and Zeigler, S., "Promoting Fetal Personhood: The Rhetorical and Legislative Strategies of the Pro-Life Movement after Planned Parenthood v. Casey." *Feminist Formations*, vol. 22, no. 2, 2010, pp. 101–123.
- Harmer, T., "Allende's Chile and the Inter-American Cold War." *The University of North Carolina Press*, p. 11.
- Hartmann, H., and Unger, C., "A World of Populations Transnational Perspectives on Demography in the Twentieth Century". *Berghann Books*, 2017, pp. 83-107.
- Hill, R., and University of Puerto Rico Social Science Research Center. "The Family and Population Control; a Puerto Rican Experiment in Social Change." University of North Carolina Press, 1959.
- "Historia de la Ley No 18.826 Sustituye artículo 119 del Código Sanitario." *Biblioteca del Congreso Nacional de Chile*. 15 Septiembre 1989.
- Hutchison, E. Q., "The Chile Reader History, Culture, Politics." *Duke University Press*, 2014.
- "Isabella." Personal Interview. June 29, 2017. Trans. Lewis.
- Instituto Nacional de Derechos Humanos. "INDH Difunde Resultados de Trabajo de Terreno de Observación de Centros del SENAME." 12 July, 2017, www.indh.cl/indh-difunde-resultados-de-trabajo-de-terreno-de-observacion-de-centros-del-sename/.
- Jatlaoui T.C., et al. "Abortion Surveillance — United States, 2013." *MMWR Surveillance Summary*, vol. 65, no. 12, 2016. <https://www.cdc.gov/mmwr/volumes/65/ss/ss6512a1.htm>
- "Kexu." Personal Interview. July 21, 2017. Trans. Lewis.

- Kornbluh, P. "Showdown in Santiago: What Really Happened in Chile?" *Foreign Affairs*, vol. 93, no. 5, 2014, http://link.galegroup.com/apps/doc/A381409222/AONE?u=connc_main&sid=AONE&xid=69308431.
- "La Historia del Primer Aborto Legal Realizado en el Hospital San José." *El Desconcierto*, February, 10 2018, www.eldesconcierto.cl/2018/02/10/la-historia-del-primer-aborto-legal-realizado-en-el-hospital-san-jose/.
- "Learning About Holoprosencephaly." *National Human Genome Research Institute (NHGRI)*, 3 January, 2012, www.genome.gov/12512735/learning-about-holoprosencephaly/.
- Lee S.J., Ralston H.J.P, et al. "Fetal Pain: A Systematic Multidisciplinary Review of the Evidence." *JAMA*. 2005, pp. 947–954.
- Lesbianas y Feministas por el Derecho a la Información. "Línea aborto Chile: El Manual ¿Cómo las Mujeres Pueden Hacerse un Aborto con Pastillas?" 2012, pp.1-120, <http://infoabortochile.org/wp-content/uploads/2013/05/manual.pdf>.
- "Ley No 21.130 Art. 342-335 del Código Penal." *Biblioteca del Congreso Nacional de Chile*, 12 Noviembre, 1874, <https://www.leychile.cl/Navegar?idNorma=1984>.
- "Ley No. 21.130 Art 344." *Biblioteca del Congreso Nacional de Chile*. 12 Noviembre, 1874, <https://www.leychile.cl/Navegar?idNorma=1984>.
- "The Majority of Children Live With Two Parents, Census Bureau Reports." The United States Census Bureau, 17 Nov. 2016, www.census.gov/newsroom/press-releases/2016/cb16-192.html.
- Meade, T. A., "Holding the Junta Accountable: Chile's "Sitios de Memoria" and the History of Torture, Disappearance, and Death." *Radical History Review*, vol. 79 no. 1, 2001, pp. 123-139.
- "MEMCH (1935-1953)." *Biblioteca Nacional de Chile*, 2016, www.memoriachilena.cl/602/w3-article-3611.html.
- Ministerio de Desarrollo Social, Gobierno de Chile. "Informe de Política Social." 2011.
- Mohangoo, A.D., "International Comparisons of Fetal and Neonatal Mortality Rates in High-Income Countries: Should Exclusion Thresholds Be Based on Birth Weight or Gestational Age?" *PLoS ONE*, vol. 8, no. 5, 2013, pp. 64-69.
- Mooney, P. E., "The Politics of Motherhood: Maternity and Women's Rights in Twentieth-Century Chile." *U of Pittsburgh Press*, 2009.
- "Mujeres marchan en Chile para reivindicar sus derechos." *El Mostrador*, 9 March, 2017, www.elmostrador.cl/braga/2017/03/09/mujeres-marchan-en-chile-para-reivindicar-sus-derechos/.
- Negin, E., "Pardoning Pinochet's Pals." *The Progressive*, February, 1999, p. 30.
- Nosotras Decidimos, Personal Interview. January 30, 2018. Trans. Lewis.
- Olson, L.C., "Anger among Allies: Audre Lorde's 1981 Keynote Admonishing the National Women's Studies Association." *Quarterly Journal of Speech*, vol. 97, no. 3, 2011, pp. 283–308.
- Petchesky, R.P., and American Council of Learned Societies. "Abortion and Woman's Choice the State, Sexuality, and Reproductive Freedom." *Northeastern University Press*, 1990.
- "Piñera Modifica Protocolo De Ley De Aborto En Chile y Desata Polémica." *La Razon*, March 26, 2018, www.la-razon.com/mundo/chile-pinera-aborto-polemica_0_2898910127.html.

- Prada, E. and Ball, H., "Induced Abortion in Chile." *Guttmacher Institute*. January 17, 2016, <https://www.guttmacher.org/report/induced-abortion-chile>
- "Report of the Chilean National Commission on Truth and Reconciliation," *University of Notre Dame Press*, 1993, http://www.usip.org/files/resources/collections/truth_commissions/Chile90-Report/Chile90-Report.pdf
- Ross, J., "Michelle Bachelet." *International Journal*, vol. 61, no. 3, 2006, pp. 724–733.
- Ruiz-Tagle, C., "#PorElla Embarazo Vulnerable: El Gran Ausente del Debate" *IdeaPaís & Comunidad y Justicia*. 2015, pp. 1-27.
- Shepard, B. L. and Casas L. B., "Abortion Policies and Practices in Chile: Ambiguities and Dilemmas." *Reproductive Health Matters*, 2007, pp. 202-210.
- Schur, E.M. "Abortion and the Social System." *Social Problems*, vol. 3, no. 2, 1955, pp. 94–99.
- Schur, E. M. "Labeling Women Deviant: Gender, Stigma, and Social Control." *Temple University Press*, 1983.
- "Si no estuvieras/Campaña Fundación Chile Unido/Chile." 12 December, 2007, YouTube, https://www.youtube.com/watch?v=CB_TTA1aduI.
- "Susana." Personal Interview. July 19, 2017. Trans. Lewis.
- Sklodowska, E., "Spanish American Testimonial Novel." *The Real Thing: Testimonial Discourse and Latin America* edited by Georg M. Gugelberger, Duke University Press, 1996, pp. 84-100.
- Thimmesch, N., "Puerto Rico and Birth Control." *Journal of Marriage and Family*, vol. 30, no. 2, 1968, pp. 252–262.
- Thomas, G., "Contesting legitimacy in Chile: Familial Ideals, Citizenship, and Political Struggle, 1970-1990." *Penn State University Press*, 2013.
- Valech Aldunate, S., "Informe Comisión Nacional sobre Prisión Política y Tortura." November, 2004, pp. 5-646, <http://www.derechoshumanos.net/paises/America/derechos-humanos-Chile/informes-comisiones/Informe-Comision-Valech.pdf>
- Valenzuela, M.E., "The Evolving Roles of Women under Military Rule." *The Struggle for Democracy in Chile*, edited by Paul Drake and Ivan Jaksic, University of Nebraska Press, 1995, pp. 162.
- Wallach, J., "CIA Funded Anti-Allende Operations." *News American Bureau*. 10 September 1974. <https://www.cia.gov/library/readingroom/docs/CIA-RDP09T00207R001000020127-3.pdf>
- Wright, T.C., and Oñate Zúñiga, R. "Chilean Political Exile." *Latin American Perspectives*, vol. 34, no. 4, 2007, pp. 31–49.
- Zaidi, S., et al., "Replacement of Dilation and Curettage/Evacuation by Manual Vacuum Aspiration and Medical Abortion, and the Introduction of Postabortion Contraception in Pakistan." *International Journal of Gynecology and Obstetrics*, vol. 126, 2014, pp. 40-44.

Notes:

¹ All translations other than those with a recognized official translation are my own.

² The woman interviewed in this study ranged from 24 to 67 years old, all had different educational and professional backgrounds, and different social classes ranging from low to upper-middle based on their own self-identification.

³In his book *Abortion and the Social System*, Schur makes the claim that more married than unmarried women abort, a claim backed up by current statistics on abortion worldwide. Specifically, the Guttmacher Institute found that the estimated global abortion rate in 2010–2014 was 35 per 1,000 for married women and 26 per 1,000 for unmarried women.

⁴ This figure includes both deliberately induced abortions and miscarriages which in Chile are referred to as un aborto espontáneo, or in English a spontaneous abortion.

⁵ This is not to say that human trials of contraceptives did not occur in the United States during this period. In fact the first large-scale trial of the birth control pill was carried out in Puerto Rico, mainly on poor, illiterate and un-consenting women. However, as both the Puerto Rican and Chilean cases demonstrate, it was common practice in the United States for human trials to be conducted on vulnerable, often on what they considered to be “third world” populations rather than white, middle or upper class American citizens. For more information on the development of birth control in the Americas see Thimmesch, “Puerto Rico and Birth Control” or Hill and The University of Puerto Rico Social Science Research Center, “The Family and Population Control; a Puerto Rican Experiment in Social Change.”

⁶ While Allende is was the first democratically-elected socialist president in Chilean history socialist political parties have existed since the late 19th century. Chile’s first “pro-worker” party, The Democratic Party was founded in 1887 followed in 1933 by the formation of the socialist party “El Partido Socialista de Chile” and the short lived socialist republic lead by Colonel Marmaduke Grove (Hutchison 197 & 239). Since that time the Socialist Party has registered numerous victories leading up the the elections of Michelle Bachelet in 2006 and 2014.

⁷ Here the binary term men/man is used to refer to the human being whose sperm joined with an egg in order to form an embryo and produce a pregnancy. However, this term is not applicable to all individuals who are capable of “fathering” children and who may self identify at any point on the gender continuum. While I debated the use of the term sperm-donor or other non-gendered terminology, my final decision to use the word man (and woman) is meant to reflect both the words of the women interviewed in this study as well as the current binary-driven discussion surrounding the topic in Chile.

⁸ See Allende on women and motherhood, page 50.

⁹ See pages 60 and 64 or Acuña Moenne for more information on the repression of women during the dictatorship period.

¹⁰ For full interview in Spanish see Appendix A, for English see Appendix B.