Misoprostol: A lifeline for desperate women
The magic pill that made abortion possible in Latin America comes to Texas.

By Erica Hellerstein

The Alamo flea market sits right off South Texas’s lengthy Highway 83; a sprawling, dusty labyrinth of a place. Under canopies in the converted parking lot, vendors in dark sunglasses stand behind tables heaped with piles of clothing, barking in Spanish and hawking their wares. The air is hot and muggy, thick with the scent of grilled corn and chili.

Customers browse simple items -- miracle diet teas, Barbie dolls or turquoise jeans stretched over curvy mannequins -- but there are also shoppers scanning the market for medications that aren’t displayed in the stalls. Tables lined with bottles of medicine like Tylenol and Nyquil have double-meanings to those in the know: the over-the-counter drugs on top provide cover for the prescription drugs smuggled over the border from nearby cities in Mexico. Those the dealer has out of sight.

I’m here to look for a small, white hexagonal pill called misoprostol. Also known as miso or Cytotec, the drug induces an abortion that appears exactly like a miscarriage during the early stages of a woman’s pregnancy. For women living in Latin America and other countries that outlaw abortion, miso has been a lifeline—it’s been called “a noble medication,” “world-shaking” and “revolutionary.” But now, it’s not just an asset of the developing world. As policies restricting access to abortion roll out in Texas and elsewhere, the use of miso is becoming a part of this country’s story. It has already made its way into the black market here in Texas’s Rio Grande Valley, where abortion restrictions are quickly tightening, and is likely to continue its trajectory if anti-abortion legislation does not ease up and clinics continue to be closed.

Over the past several years, dozens of states have restricted abortions. Since 2011, at least 73 abortion clinics in the nation have shut down or stopped providing services; and more than 200 abortion restrictions were legislated throughout the nation. Despite the passage of Roe v. Wade more than 40 years ago, states with anti-choice politicians are still gunning to reverse the ruling – in the words of Rick Perry in 2012, “my goal is to make abortion, at any stage, a thing of the past.”

Yet all of these policies -- the myriad restrictions on women and abortion providers -- have set the stage for a new, and perhaps unexpected, chapter to unfold. This is a story about women skirting medical institutions to take care of their own health. A similar story has already been written in many countries around the world, where anti-choice legislation has inspired creative solutions. Today, throughout Texas – from the Rio Grande Valley to El Paso—miso’s story is being drafted anew. And in this narrative, it is Latin America that has answers for the United States.
Misoprostol’s introduction into its role as the world’s revolutionary abortion pill began by accident, and nobody knows for certain where it all began. The first scientific literature traces the drug’s abortion-inducing use to Brazil, but it’s possible that it was also being taken—but not documented—in the Caribbean at the same time.

Ironically, misoprostol was never developed to induce abortions: instead, it was created and marketed as an ulcer medication called Cytotec. The drug, a synthetic prostaglandin E1 analogue, has many medical uses: it’s taken to prevent and treat ulcers, induce labor, induce abortions, and treat post-partum hemorrhage. In 1986, misoprostol was approved for sale in Brazilian pharmacies as an ulcer medication and was distributed over-the-counter. But its use as an abortion-inducing drug spread rapidly, and slipped below the radar at first. Like many drugs, misoprostol’s label had a simple warning: Do not take if pregnant.

But not everyone heeded the warning, including a number of Brazilian women who read the drug’s packaging and decided to try their luck. Or that’s how the story goes. Nobody knows exactly what happened. Some believe that certain Brazilian women made this discovery on their own; others say that a select few pharmacists who knew that Cytotec could induce abortions secretly spread the word. Regardless of who uncovered its power, the pill was precisely what women needed: a magic personal solution to a dreaded problem that dared not be discussed.

In the ‘80s in Brazil, as in many Latin influenced places, Catholicism dominated the abortion debate. Like adultery and murder, it was a “mortal sin,” worthy of damnation to hell and, unlike the United States, a crime punishable by law. Despairing Brazilian women with unwanted pregnancies resorted to drastic and dangerous measures. They listened to old wives tails, throwing themselves down staircases, slamming their fists into their abdomen and guzzling entire bottles of bleach. But nothing seemed to reliably work, and all were perilous. That is, until they found the little white pill – that special drug that could, miraculously, “bring the period back.”

And so, the whispers circulated and hushed exchanges began. Women who tried it began to tell their peers about a revolutionary new pill, and miso began to spread as quickly as the seeds of the Acai palm would years later. When women searched for the magic drug, they would shield their intentions with coded language: “I need to bring down my period,” they would say, or “bring it back.” For most Catholic women, describing miso in those terms felt better. Bringing the period back, or as it’s said in Spanish, “bajando la regla,” was different than aborting, and far less cognitively dissonant.

As miso became more popular, Latin American doctors from Peru to Brazil started noticing a trend: they were seeing, it seemed, a drastic decrease in abortion-related complications. Fewer women were carted through hospital doors with gruesome infections from back-alley botched abortions, and ob-gyn’s saw a reduction of the grisly abortion complications that had so frequently plagued providers, including perforated uteruses, heavy bleeding, and fallen intestines.
The only explanation “was the mass distribution of miso at the community level,” concluded a Colombian ob-gyn in a 2012 study by the global health organization Ipas. In the same report, other doctors note that the discovery and circulation all took place outside hospital walls. Astoundingly, word of misoprostol spread at the grassroots level, working its way up from Brazil and snaking from one Latin American country to another. In Brazil, an analysis of sales by the company Biolab (which began marketing the drug in 1988) shows a sharp increase beginning in 1989, sometimes exceeding more than 50,000 units per month. In 1991, the company reported that misoprostol’s use as an abortion-inducing drug could reach up to 35 percent of its total usage.

As these numbers reveal, many of the women in Brazil and Latin America had welcomed the magic of miso: If your period is missing, take the tablets, and it will come back. The solution helped these countries avoid culture wars over abortion: they had a way out that did not require legislation or a major confrontation with the Church. Now, more than three decades later, the secret has made its way to the United States.

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Texas’s Rio Grande Valley – a wide, flat swathe of land straddling the Mexico border— is one of the poorest regions in the United States. It’s also ground zero for the state’s bitter abortion battle.

In the summer of 2013, the Texas legislature passed House Bill 2, a controversial set of abortion restrictions that Wendy Davis famously opposed with a marathon filibuster. The bill -- also known as HB2 -- bans abortion after 20 weeks; adds restrictions to medication abortions; mandates that abortion providers have hospital-admitting privileges at clinics within 30 miles of where they practice; and requires that abortion clinics comply with ambulatory surgical center requirements by September 2014. Some of these provisions sound sensible, but the intended overall effect is to deny abortions.

On October 31, the law went into effect, shuttering nearly 40 percent of the state’s abortion clinics unable to gain admitting privileges. Some hospitals refused to grant the privileges because of religious affiliation, while others declined because of the expensive fees associated with the process. The legislation immediately drew fire. Nancy Northrup, the president of the Center for Reproductive Rights, voiced her concerns in a widely circulated statement: “Texas has put the constitutional rights of its women in the hands of biased hospital administrators. As a consequence, the list of high-quality abortion providers forced to turn away patients continues to grow, while reproductive health care options for Texas women continue to shrink”

Professional organizations, including The American Medical Association and the American College of Obstetricians and Gynecologists, also openly opposed the restrictions. A study conducted by the University of Texas predicted that the law would bar upwards of 22,000 Texas women from getting abortions—or in simpler terms, almost one in every three women who seeks an abortion.
Many of these women would be found in the Rio Grande Valley, where the admitting privileges provision forced both of the county’s abortion clinics to shut down. Now, the closest clinic for the region’s one million plus residents is 150 miles away. For many [of the] poor, uninsured South Texas women, that distance, is beyond feasible. Few have access to a set of wheels for the long haul and others – many are undocumented here—have good reason to worry about immigration authorities at internal border checkpoints on highways that run through the state.

Meanwhile, the flea market stretch of the highway is close to most people living in the Valley. And the massive Alamo pulga looks like just the kind of place to pick up miso. According to several of my local sources, the drug is sold here and it’s not difficult to get – you just need to know who to approach and what to ask for.

In the United States, miso is prescribed and sold legally in combination with another pill called mifepristone (or RU-486) for early nonsurgical abortion. The two-drug combination, which was approved by the U.S. Food and Drug Administration (FDA) in 2000, is called “Mifeprex,” and can only be taken in the first nine weeks of a women’s pregnancy. The drug combination is becoming increasingly popular: In 2011, it accounted for 36% of all abortions before nine weeks gestation, and it’s often considered the gold standard of medication abortion, with an estimated success rate that is nearly 10 percent higher than using miso alone. Because of this and despite extensive research that has that proven miso’s safety, the FDA has never approved the use of misoprostol alone. After all, some say, why promote a silver standard when the gold is available?

But in neighboring Mexico, the silver standard is readily available without a prescription. Miso is sold over-the-counter as an ulcer medication – creating the perfect conditions for black market sales in the United States. And while no abortion clinics remain in the Valley, the Mexican town of Reynosa is just across the nearby border. There, miso can be bought in bulk at Mexican pharmacies and snuck back over the border into Texas, where it’s sold undercover at sprawling flea markets like the one I’m searching in.

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It’s a balmy January morning as I make my way through the aisles of the Valley’s Alamo Flea Market, looking for the magic pill. I find a barrel-chested man in a tattered baseball hat who rests his hands on a table displaying an assortment of medicine: Umcka Cold Care, Posture-D Calcium, Anti-Nausea Liquid, and Valerian Root. He leans forward when customers approach the table, a messy mop of curly black hair peeking out from the bottom of his cap. Local sources have said able is a place to find miso.

I head towards his booth cautiously, and the mop-haired man (who I later find out goes by Jeff Lopez*) eyes me equally warily as I approach the table. “Ummm,” I snatch a bottle of Ibuprofen and squint at the label. “Do you have anything for ulcers?”
Lopez stuffs his hands in his pockets. “We don’t have ulcer medicine,” he says. “Just the stuff on the table.” I’m not surprised he denies it; he may wonder if I’m an undercover agent of the law.

“Oh, um, do you have something to make your period come back? I need to bring it back,” I trail off, scrutinizing his face for expression. “Cytotec,” I say firmly, annunciating the *teca* in the familiar Mexican style. “Do you have it?”

He exhales dramatically.

“Not anymore. I haven’t had it since the police came,” he huffs, referring to a Valley flea market raid this August in Donna, Texas, where sheriffs uncovered *miso* along with a host of other drugs, including the diet pill Redotex and Viagra. Shortly after, a woman was arrested for illegally selling prescription drugs, including abortion-inducing pills, in nearby Donna. (The drugs may be over the counter when bought in Mexico, but they are prescription drugs in the US, and illegal to distribute.) The crackdowns – and amped up policing – have made vendors wary of selling the pill; but Lopez, who appears to have relaxed his caution, says the market was booming up until those raids.

“When I first found out how many women were asking for it, I couldn’t believe it,” he recalls. “The market had tons of people selling the pill, and still I got asked for it so many times. Almost every time I was here someone asked me for it.”

Lopez’s experience was common. There seemed to be a consensus among nearly everyone I interviewed – from health educators to Valley residents – that if abortion providers remain shut, women will continue to take charge of their own needs and they will look for *miso*.

“If a woman wants to abort, she’s going to abort,” says Lucy Felix, a Valley-based *promotora*, or health educator, at the National Latina Institute for Reproductive Health. A native of Reynosa, Mexico, Felix has a short brown bob and a bellowing laugh. She wears a thin, gold necklace, a souvenir that a friend brought back from a Catholic trip to Israel. In the middle, a pendant spells out her first name in Hebrew. Blowing on a hot bowl of soup inside a Mexican restaurant in Brownsville, Felix explains the dilemma that many local women face since the crackdown on *miso*. Now, to get to the nearest abortion providers, they have to pass through *nagarita*, or immigration checkpoints. “So undocumented women, what can they do?” she asks, flinging her hands in the air. “They put things in their vagina. I’ve heard that women are using coat hangers or some are going to Mexico and getting clandestine abortions, where it’s dirty, unhygienic.” Felix gulps down a spoonful of broth. “Other women go to the flea markets. There are still places where you can get pills.”

The easy access to the pill in nearby Mexico, coupled with the Valley clinic closures, means that *miso* is becoming increasingly popular, says Luzevlia Carreon, the former patient advocate at McAllen’s Whole Women’s Health. The clinic stopped providing abortion services after the admitting privileges provision went into effect and shut down
entirely in March. “It’s just the beginning,” Carreon observes. “It’s in demand right now. It’s what our patients are doing and they’re going to continue taking it…The fact of the matter is that women are going to get pills and are going to figure out ways to have an abortion.”

HB2 took the community that sent patients to Whole Women’s Health by surprise, Carreon says. Many of them had relied on the clinic for years. “They were so shocked when they found out we weren’t offering abortions anymore. I even have patients that call, and after we tell them that we can’t offer abortions anymore, they’ll just say ‘that’s fine. I’m going to figure out a way to do this on my own.’ And imagine all the women who don’t call us at all, who are still taking [miso],” she sighs. “We have no idea how many are doing this. We just hope for the best.”

In many countries around the world with harsh abortion laws, well-heeled women can find solutions to unwanted pregnancies. In Chile, which is home to some of the strictest abortion policies in the world, a wealthy woman has options: she can jet to Cuba or Miami for a surgical abortion. Or, if she doesn’t want to leave the country, she can always get the procedure at a clandestine but safe underground clinic.

But poor and even many middle class women do not always have that luxury. Before miso, their options were limited and dangerous -- like unhygienic back-alley clinics and coat hangers. Virginia Chambers, the former director of Latin America and the Caribbean for the reproductive health NGO Ipas, recalls ghastly Nicaraguan hospital wards during the ‘80s. The rooms were packed with women waiting to be treated for abortion complications. The stories, she said, “were horrifying. And then we started not seeing those so much,” she pauses. “Having access to misoprostol was so critically important. The fact of the matter is that it appears to have had a huge impact.”

In Latin America, miso was a lifeline for many women without means to have other options. Now, the same is happening in the United States—but the phenomenon is even more underground here, where the networks are just starting to develop and proper information about dosage is not widely available. Moreover, those in the know appear hesitant to distribute material -- much of which is circulated around Latin America -- about how to safely take the drug.

According to the World Health Organization, more than 21 million women annually have unsafe abortions worldwide, which account for nearly 13 percent of all maternal deaths. Miso provides is a much safer alternative. If taken in the correct quantities (12 pills over the course of 12 hours) in a women’s first trimester, the drug is 80-85 percent effective. Bleeding is uncommon and uterine rupture, which is sometimes cited as a risk of taking the drug, is rare. “The good thing to know is that misoprostol is a safe drug,” said Chambers. “And even with wildly varying regimes of dosage being used in different countries, relatively few complications occur compared to the dangerous methods used in the past.”
But miso’s safety is also a function of the information that comes with it. In Texas’s Rio Grande Valley, according to Carreon and others, many women are using the drug improperly because they don’t have access to basic facts about the correct dosage. That ignorance can lead to problems.

One woman I interviewed at a bustling Mexican restaurant in Brownsville told me her good friend nearly died after taking pills that her husband bought in Mexico. Instead of ingesting four of the twelve pills every three hours, as is recommended by the World Health Organization, she took two pills under her tongue, then four pills vaginally, then two more under her tongue, then four more vaginally. She began to bleed profusely, doubled over in pain. But because she was undocumented, she was afraid to seek medical help at a nearby hospital or clinic. Instead, she crossed the border to Mexico with her five children – all the while hemorrhaging -- in search of medical assistance. She’s since recovered, but is still in Mexico with her children because she can’t cross the border back into the US.

Carreon says she typically sees patients like this, who have taken improper dosages. “A lot of patients said that they would take the whole bottle and they would tell me they took 28 pills,” she said (the WHO approves a dosage of 12 pills, but in Mexican pharmacies miso is typically sold in bottles of 28 pills.) “They’re taking maybe four vaginally, two orally. Then an hour later, four more. I hear different ways of using these pills. It’s shocking each time.”

But strict protocol bars Carreon and other employees at Whole Women’s Health from answering questions about miso and abortion. And the drug’s other distribution channels are similarly mum. Mexican pharmacists can’t provide information about the drug and abortion, since it’s only sold there as an ulcer medication, and many of the vendors selling miso at flea markets know very little about correct dosage.

Lopez is the first to admit that he knew nothing about the pills when he was selling them. “I’m not a doctor. I sell things,” he acknowledges, picking up a medicine bottle. “I don’t know anything else.”

He adjusts his hat and walks around the table. He’s starting to get a little shifty: avoiding eye contact, fidgeting, and giving me short answers. I move a little closer.

“So I’m curious about how many pills you would sell,” I start. “Because women are supposed to take 12 pills over 9 hours if they’re in their first trimester. That’s what most doctors recommend.”

I glance at Lopez and ask him if he knew this. His answer is a firm no.

When customers came to Lopez looking for the pills, he says he would sell the number they asked for— which often landed in the three or four range— and would charge around $13 per pill. Commonly, buyers didn’t know how many to purchase, so Lopez says he
would defer to odd numbers and sell them three. Once, he sold a woman 20. “I didn’t know what was right,” he says with a shrug.

Now that the vendors throughout South Texas operate in the shadow of the police raid, Lopez says he’s not sure if anyone currently sells miso in the pulgas. “The demand is going to be even higher now that the abortion clinics shut down,” he speculates. “But if it isn’t sold in flea markets, more people are just going to end up going to Mexico” – where prescription drugs are cheap and widely available.

Lopez was right about one thing: people are crossing the border to get the drug. I looked for it myself in Juarez, Mexico.

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**The bridge that connects El Paso, Texas, to Juarez, is surprisingly short** -- but the two cities on either side look startlingly different. Halfway through my walk to Mexico, I looked to my right. I could see El Paso, neat and carefully assembled, an American flag in the distance slowly swaying with the breeze. And to my left, there was Juarez; dusty and weathered like a postcard from decades past.

Once I crossed over, I stepped inside a yellow building called “Farmacia del Ahorro del Mexico” and asked if I could purchase Cytotec. “No problem,” the pharmacist said, punching a few letters into the keyboard. A couple seconds later, an estimate popped up: $48 US for four pills, or around $150 for the dosage of 12. Down the street, two other pharmacists gave me similar estimates, ranging from $125 to $177, the latter two for a full bottle of 28 pills.

While I didn’t take the pharmacists up on their offer, all three were able to dispense the pills for me immediately, though none of the dosages came with instructions about how to use the pills for an abortion. Misoprostol is only sold in Mexican pharmacies as an ulcer medication, and while pharmacists are aware that women are using it for other reasons, they can’t provide information about how to terminate a pregnancy with the pill. Abortion is illegal in Mexico save for Mexico City.

A couple hours later, I hiked across the bridge back to El Paso. After waiting in a brief line at the checkpoint, I set my bag on the security belt and looked around the room, wondering how many people were slinking over the border with small white hexagonal pills hidden in their belongings.

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**What’s happening in Texas is not too different** from what took place in Brazil and other nearby countries in the 1980’s. Though abortion is formally legal in the United States, it is no longer available in the Rio Grande Valley. Black-market miso is available, but illegal, so obtaining it is risky for patients and sellers, it’s unnecessarily expensive and the dosage information is scant. However, there’s a blueprint for the next chapter of
this story—and it already played out in Latin America. Perhaps the women of Texas can learn some lessons from their neighbors in the global South.

In the late ‘90s, the Internet spread throughout Latin America, ushering in an era of rapid, real-time communication. Suddenly, information about misoprostol was catapulted to the online stage. Websites about the drug—where to purchase it, how to use it, and even businesses offering home delivery—began to pop up, but activists wanted to make sure that the information women were getting was correct. So they thought of a practical solution.

Activists, feminists, and abortion advocates grouped together and began creating volunteer-staffed phone hotlines. These small (often DIY) networks promoted misoprostol use and distributed information about the drug, and many of them still exist today. They’re often run by young volunteers, who give anonymous callers medical information about misoprostol, like how to take the 12-pill regimen and when to be concerned about adverse reactions to the drug. Hotline workers raise awareness about their services through informal, word-of-mouth networks, including graffiti and social media.

The hotlines made an incredible impact on women living in countries with some of the world’s strictest abortion legislation. In Chile, where abortion is illegal without exceptions, a hotline called Linea Aborto Libre has had considerable success. It’s staffed by a group of young feminists, who take turns passing around a compact cellphone. If they’re not careful, their work could land them behind bars: getting an abortion in Chile—or telling a woman how to do so—is a crime punishable by three to five years in jail. To avoid legal prosecution, hotline volunteers read information about misoprostol abortions that’s publicly available on the WHO (World Health Organization) website.

Chile’s not the only Latin American country with a hotline; similar ones exist in Argentina, Ecuador, Peru and Venezuela. There are well-known websites like Women on Web, an international collective that provides information about self-induction and sends misoprostol to women in countries with restrictive abortion laws, and Women on Waves, a Dutch NGO that performs medical abortions on a ship that sails to countries where abortion is illegal, has an extensive website with information about phone hotlines and misoprostol.

In Chile and elsewhere, these phone hotlines and other networks were game-changers, because providing information about misoprostol can make the difference between a successful abortion and a botched one that lands a woman in a hospital or a jail. But given all of the evidence about improper dosages in Texas, why aren’t there any hotlines in the United States? How is it that women living in the Valley actually have less access to information than women in Chile—a country with some of the most oppressive abortion policies in the world?

When I told Carreon of McAllen’s Whole Women’s Health about the phone hotlines, she immediately perked up. “Wow,” she exclaimed. “That’s so interesting. I think there’s a need for that. Women are going to do anything they can to have an abortion. And if they
do it through medication, it helps to educate them on how to take it and how it’s most effective.”

But that’s where it gets complicated. In the United States, laws related to self-abortion vary on a state-by-state basis. In some states, women who induce their own abortions, as well as those who assist them, are subject to criminal liability regarding fetal homicide, abortion, and child abuse. In 39 states, it is illegal for anyone other than a medical provider to perform an abortion. But there is no uniformity among states when it comes to the penalties for women inducing abortion without a physician, or for those who help them get information about the medications necessary to self-induce.

In the United States, phone hotlines similar to the ones in Latin America don’t exist, partially because of legal issues. One reproductive health expert told me that creating phone hotlines, or handing out flyers with information from the WHO is out of the question. “Giving general information” about where to get an abortion “is never a problem. Helping a woman who wants to end her own pregnancy is a crime,” she said firmly.

In states like Massachusetts, South Carolina, and Idaho, criminal charges have been brought against women who used miso to end their own pregnancies. And states with right wing Attorney Generals bent on passing anti-choice legislation might try to prosecute hotline workers for providing medical information when they are not “certified” to do so, arguing that they’re practicing medicine and “inciting” callers to perform a procedure that in some states, is illegal—thus becoming an accessory to a felony.

But since an Attorney General’s power only runs through the state border, setting up and operating a hotline in a state with a sympathetic jurisdiction (California, for example) might be a less risky bet. A potential hotline could begin with a recording or disclaimer of sorts, emphasizing that it’s not inciting women to self-induce or take misoprostol, but rather, providing scientific information that’s already publicly available.

Francine Coeytaux, a public health specialist and strong miso advocate, says that the abortion advocates often have a bad tendency to self-censor because they’ve been playing on the defensive against the anti-choice movement for so long. “I don’t think we should assume that it’s illegal,” she challenged. “It’s sharing information and we’re not telling them what to do.”

While it appeared that the raids earlier this year had ended miso sales at the flea markets, there are other ways to get it besides crossing the border into Mexico, women health advocates point out.

Buy-pharma.com, for example, sells one 200-mcg pill for two dollars (or a package of eight for sixteen dollars). On the Facebook page “Cytotec misoprostol,” a user can
request to buy the pills from the page’s administrator in message form, who sells “three
doses,” or 12 pills, for $950 pesos ($70.15 US).

But often it’s nearly impossible to verify the reliability of these pills. Surfing the net for
miso through search terms like “abortion pills online” yields pages of results from online
pharmacies—some of which are carefully constructed to look like the buyer is in good
hands. The homepage of www.safeabortionblogspot.com, for example, features a picture
of a beaming woman drenched in golden light, next to the caption: “Most-trusted site to
buy Cytotec.” Even if they’re just sugar pills, the cheerful model in the plaid button down
shirt looks like she has everyone’s best interests at heart.

Advocates don’t promote the use of these sites. A page on the Women on Waves website
warns against buying the pills online, and outlines a long list of doctors and pharmacy
websites notorious for selling counterfeit medications. “The only website we trust to help
women gain access to a safe medical abortion is www.womenonweb.org and we cannot
guarantee that any other website is trustworthy,” says the web post “Warning, fake
abortion pills for sale online!!”

Despite the cautionary advertising, some still choose to purchase medications advertised
as miso online. Molly Blythe *, a feminist abortion advocate, buys miso and RU-486
(aka, “the gold standard”) in mass quantities from online pharmacies and sends it to
women in the United States who want to abort with the drugs but don’t know how to go
about getting them.

“It’s incredibly liberating having misoprostol in my bathroom cabinet,” she says. “The
idea of a pregnancy scare is...less scary, in a very real way. I wouldn't need to even tell
anyone except me, if I didn't want to.”

Blythe says that many of the women who contact her are already mothers who live hours
away from the nearest clinic. Often, they don’t have anyone to watch their children while
they go in for the procedure, especially if they have to return for more than one visit and
can’t afford to take more days off of work.

“They told me they'd try anything: herbs, soaps,” Blythe writes in a post that went viral
online. “One asked if I knew how, exactly, it was that you went about using a wire hanger
to abort. Two or three days later, they would receive a small, unmarked envelope. Inside
the envelope were doses of two different drugs that, when used together, will abort nearly
any first-trimester pregnancy.”

So far, Blythe has sent the pill regimen out to 50 to 100 women. Sometimes, she says she
receives emails that seem like “suspicious pleas” —messages that sound little too scripted,
like the person behind the keyboard is play-acting a role to catch Blythe at her own game.
So now, she’s scaling back on sending the drug packages, instead referring women to
international pharmacies to buy the medications themselves. Sending the pills is a risky
endeavor. Legally, the process puts her in harm’s way, but even more worrisome is the
possibility that the medications she sends might seriously jeopardize a woman’s health.
As many reproductive health experts warn, the pills she buys from the international pharmacies could be counterfeit; or they could be real and still cause complications.

“I know, when I do it, that it could be a devil's bargain,” Blythe writes in the article. “This could be the envelope that gets traced back to me. This could be the one that lands me in prison. Or, even worse, it could be the one that kills someone. The abortion drugs rarely cause major complications (less often than birth), but they do happen. I don't know what I would do with that on my conscience. I haven't had to find out yet.”

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**Back in Texas, HB2, the state’s strict new abortion law**, shows no signs of letting up.

In March, the US 5th Circuit Court ruled unanimously that the admitting privileges provision in HB 2, which led to the closures of clinics in the Valley and elsewhere, did not infringe sufficiently on the right to an abortion in Texas. Since the law went into effect, the state’s number of licensed abortion providers dropped from 40 to 28, and only 24 centers still offer the surgical procedure.

And in September, another portion of HB2 will go into effect, which requires all abortion providers to conform to the same standards as ambulatory surgical centers – an extremely costly (and medically unnecessary) upgrade that is expected to shut down the majority of the state’s remaining clinics. When this portion of the law goes into effect, the number of abortion facilities in the state is expected to drop to six.

This is the climate of the culture wars, of which the confusion surrounding misoprostol is a byproduct. “It's not like if you shut down access to clinics women are going to stop doing having abortions [it],” said Felix. “Now they're just going to hide it.”

Yet over time, restrictions beget creative solutions, and one of them -- misoprostol – has already, in Latin America, proved to be remarkably effective. Even in the face of anti-choice governments, the pill still found a way to slip through the cracks.

Today in Texas things are starting to look a lot like the early years of miso in places like Brazil and Chile: the simple guidelines about miso haven’t yet made it to women in the state. But eventually, in those countries, the Internet and the democratization of information prevailed. Unless and until the legislated restrictions change again, Latin America’s DIY-abortion culture might be the future for the women of Texas.
Source List:

1. Virginia Chambers, Ipas
2. Francine Coeytaux, Public Health Institute
3. Ndola Prata, UC Berkeley Graduate School of Public Health
4. Susan Yanow, founding Executive Director of the Abortion Access Project
5. Kirsten Sherk, Ipas
6. Luzevlia Carreon, Whole Women’s Health
7. Jeff Lopez, Alamo Flea Market vendor
8. Lucy Felix, National Latina Institute for Reproductive Health
9. Paula Saldana, National Latina Institute for Reproductive Health
10. Gerri Laster, Reproductive Services in El Paso
11. Jessica Alvarez, woman whose friend had abortion complication
12. Kathryn Heam, Planned Parenthood Hidalgo
13. Emily Anne, Linea Aborto Chile hotline volunteer
14. Jill Adams, Executive Director of the UC Berkeley Center on Reproductive Rights and Justice
15. Molly Blythe, online misoprostol vendor
17. Lucila Ceballos, health educator at the National Latina Institute for Reproductive health