In Pursuit of Choice
by Erica Hellerstein

When Cata Flores found out she was pregnant, she was alone, broke, and living in a small town outside of Santiago, Chile. She didn’t know what to do, but she did know one thing: she couldn’t bring a child into the world without any resources or support.

She wanted to get an abortion, but that’s complicated in Chile, where terminating a pregnancy is illegal under any and all circumstances, including rape and to save a woman’s life. She couldn’t afford to fly out of the country to get an abortion, but she also didn’t have enough money to get the procedure from a safe, but illegal, local provider. Down on her luck and scrambling for options, Cata did what many poor women in her situation do: she found someone cheap.

“I was very irresponsible,” she said. “I went to a woman who gave me an unsafe abortion. I don’t know what she did, but in the end, she didn’t abort it.”

Three months later, the contractions began. Cata made her way to a public hospital in Santiago and gave birth to a premature baby. He was frail and slight, with a delicate chest that lurched whenever he gulped for air.

For two months, Cata paced up and down the hospital’s bleak halls, watching her baby struggle to breathe through jagged gasps. And then one day, after months of fighting, he died.

“I aborted like a poor woman,” she said, reflecting on the experience years later. “And lived through what a poor woman lives through… This is my trauma.”

I first heard Cata’s story on a warm evening after dinner, in a dusty rural town near Santiago. I was in Chile researching an article about abortion, and I wanted to interview Cata about her job as a volunteer activist at a controversial pro-choice organization. I expected her to talk about her hands-on work with women; I wasn’t expecting her to tell her own abortion story.

Listening to Cata, an idea that had been taking shape in my mind solidified. Many of the people I interviewed told me that Chile’s abortion laws mainly impact poor women who can’t afford safe alternatives. I wanted to find out if this was true.

At the time, Cata was working as a volunteer at the Línea Aborto Información Segura (Safe Abortion Information Hotline), run by Lesbianas y Feministas por el Derecho a la Información (Lesbians and Feminists for the Right to Information). The organization provides medical information about misoprostol, an ulcer medication that induces miscarriages and is clandestinely sold on the Chilean black market.

The hotline’s work fascinated me. They seemed to be operating in a tenuous, legally gray limbo: technically, their work is lawful, but only if they strictly adhere to a set of guidelines that prevents them from asking callers questions or addressing them in the first person. The only reason they’re able to provide any information at all is because similar guidelines are available online from a variety of organizations, including the World Health Organization (WHO).

But more than information about misoprostol, I wanted to know statistics: How many women abort annually? And how dangerous are these procedures? I quickly found out that my questions were a little too ambitious. The government doesn’t compile any official numbers on abortion. One of the only comprehensive, data-driven studies about abortion in Chile that has come out in the past 20 years is a 1994 study by the Guttmacher Institute, a reproductive health nonprofit. The report estimated that the country’s annual number of clandestine abortions hovered around 160,000. Other approximations range from 60,000 to 200,000 per year, in a country with a population of 17 million.

“The experience of having to obtain an illegal abortion can be traumatic,” hotline volunteer Emily Anne said. “Some of the women who call us will be really upset. They’ll be crying, or they’ll be really scared to talk to us… You don’t want to talk to them in the third person because it sounds cold… I try to express sympathy through my tone of voice.”

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trying to get pregnant, said Fanny 

of 29 countries in the world that 

Chilean midwife and feminist. 

The more people I talked to, the more I 

who labored over the meal. What’s more, most men 

they used to. We’ll see what they come up with next.” 

Erica Hellerstein is a student at UC Berkeley’s Graduate 

School of Journalism. She received a Tinker Grant from 

CLAS to travel to Chile in the summer of 2013. 

It’s somewhat baffling to think 

that, 70 years ago, Chile’s abortion 

laws were more liberal than they 

are now. Between 1931 and 1989, 

therapeutic abortion — terminating 

a pregnancy to save a woman’s life — 

was legal. But that changed in 1989, when General 

Augusto Pinochet 

criminalized all forms of abortion 

shortly before the end of his 17-year 

rule. According to the Center for 

Reproductive Rights, Chile is one of 

29 countries in the world that 

ban abortion without any explicit 

exceptions. In Latin America and 

the Caribbean, it is one of only 

five countries where abortion is 

absolutely prohibited, even when 

the procedure could save a woman’s life — 

2005. Misoprostol is sold on 

the black market in Chile, but 

it’s technically legal. Pharmacies 

choose not to sell it, some speculate 

for religious reasons. 

This makes it impossible 

for women to buy the drug over 

the counter. Instead, it’s sold 

clandestinely and is easy, but not 

cheap, to obtain. A full dosage of 

12 pills costs about $250. In 2011, 

the average monthly salary in Chile 

was $880, according to a survey by 

the National Institute of Statistics. 

In spite of the pill’s high price tag, 

this method has “made a huge 

impact on the way that women 

abortion,” said Fanny Berlagoscky, a 

Chilean midwife and feminist. 

But perhaps the most 

revolutionary part of misoprostol 

is that it can’t be physically 

detected. That means if a woman 

suffers health complications after 

taking the 12-pill dosage and has 

to be taken to the hospital, it is 

impossible for doctors to tell that 

she has taken the medication. 

This protects her from arrest 

and possible imprisonment, unless she 

confesses to using the pills herself. 

As I continued my research in 

Chile, a few themes consistently 

came up. Almost everyone I 

interviewed said that the country’s 

strict abortion laws are a direct 

result of its Catholicism and 

political conservatism. 

“It’s a profoundly conservative 

country,” Cata said. “Much more 

than Argentina, much more than 

Uruguay... The participation of 

the church in the conservative 

movement has always been 

important in Chile.” 

Other people talked about 

Chile’s culturally pervasive 

chauvinism, or as the Chileans call 

it: machismo. Alejandro Guajardo 

Arriagada, the Executive Director 

of the Chilean reproductive health 

organization Aprofa, laughed when 

I asked him about machismo. 

“Where on earth do I begin?” he 

chortled, explaining that in Chile, 

it’s common for men to be served 

dinner first, often before the women 

decide on the right course of action. 

This cultural attitude impacts women of all 

socioeconomic standings, explained Eduardo 

Ramirez,* a doctor and illegal abortion provider. 

“This doesn’t just affect poor women,” he said, from 

his spacious apartment in downtown Santiago. “It 

affects everyone.” 

Dr. Ramirez serves about one patient a week. He 

doesn’t provide surgical abortions. Instead, he meets 

with women seeking to abort with misoprostol, buys 

them the pills out of pocket, and checks up on them 

every couple hours. He offers in-home visits after they 
take the medication and support in case any medical 

complications arise. He provides free services, so the 

women he sees come from all socioeconomic classes. 

But more often than not, the women who come to him 

completely alone aren’t poor. 

“They come from wealthy, conservative communities,” 

he said. “They’re usually very Catholic. They don’t feel 

they can tell anyone in their lives about what’s going on. 

So, they do it all alone. That process can be profoundly 

psychologically damaging.” 

Members of the organization Lesbians and Feminists for the Right to Information, which provides information about misoprostol.