



Anarchist-Feminist Perspectives on Autonomous Reproductive and Trans Health

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Introduction

On June 24, 2022, the Supreme Court of the United States (SCOTUS) decided in *Dobbs v. Jackson Women's Health Organization* that the Constitution of the United States does not confer a right to abortion, overruling both *Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992). A draft ruling by the court was leaked earlier in May 2022, sending shockwaves throughout US political culture. Following the *Dobbs* decision, several states banned abortion completely with the possibility that more bans are on the horizon. The successful overturning of *Roe* is the culmination of a decades long effort by the political and Christian right in the US. This push to fully criminalize abortion has long been fought in state legislatures across the country.

Another political storm in the US, this time focusing on trans people, began in 2021 and ramped up in 2022.¹ The first torrent of legislation, focused primarily on youth, sought to force trans youth back into the closet, prevent positive representations of trans and queer identity in the classroom, ban participation in athletics, and end what little gender-affirming care (GAC) exists for trans youth.² Though youth and their health care were the first targets, such as in Texas and Alabama, GAC itself is now the subject of bills across the US in 2023, seeking to criminalize obtaining or providing GAC (Rummler 2023). Further bills seek to evacuate trans people and gender variance from public life.³ Beyond capitol buildings, the threat exists from growing eliminationist rhetoric on the right that is inspiring stochastic as well as organized fascist violence (Knefel 2022).

These attacks on the trans community are not unique to the US. Trans people in the UK face a particularly hostile media and political environment (Faye 2021). Moreover,

¹ While state targeting of trans communities in the US has been ongoing for decades, there are cyclical upticks, with 2021-2023 showing consecutive record-breaking numbers of anti-trans bills introduced in US state legislatures (Trans Legislation Tracker 2023).

² These attacks should also be seen in conjunction with white supremacist conspiracy theories around critical race theory as well as the decades-long efforts to undermine public education in the US.

³ For a catalog of proposed and enacted legislation, see the Trans Legislation Tracker at <https://translegislation.com/>.



conservatives in Europe, Latin America, and elsewhere are targeting queer and trans communities in a supposed fight against “gender ideology,” the latest backlash against feminist and LGBTQ movements (Wilkinson 2017; Corredor 2019; Bassi and LaFleur 2022; Borba 2022). However, on abortion rights, there have been positive developments in recent years such as the legalization of abortion in Argentina, Mexico, Thailand, New South Wales in Australia, and Ireland. Yet, Poland has joined US states in further restricting abortion. The terrain for transfeminist organizing is complex but the erosion of freedoms must be fought everywhere.

In the US, well before 2022, abortion has been heavily restricted and hard to access in large parts of the country, despite its legality (J. Smith 2019). Even in countries where abortion is part of a universal healthcare system, such as Canada, for certain populations, obtaining an abortion can be difficult (Sethna and Doull 2013; Calkin and Berny 2021). Inaccessibility also characterizes GAC, where multiple hurdles exist (Bakko and Kattari 2020; Romanelli and Lindsey 2020), in no small part because the dominant model of transgender medicine is premised on exclusivity (Spade [2000] 2006; Dewey 2020). In this context, people turn to do-it-yourself (DIY) and mutual aid. I use the term autonomous health practices (AHPs) to name these ways in which individuals and collectives meet their health needs outside the mediation of official institutions. AHPs have grown in salience due to the social and economic impacts of the COVID-19 pandemic, political attacks on abortion and GAC, and the precarity of existing social infrastructure in the face of multiple crises.

In this essay, I examine transfeminist AHPs including lay and self-managed abortion coming out of the context of feminist self-help (Erdman, Jelinska, and Yanow 2018; Murphy 2012; Thorburn 2017) and self-managed hormone use emerging from “trans DIY” and mutual aid (Edenfield, Holmes, and Colton 2019; Raha 2021). I argue transfeminist AHPs are unique tools in the struggle for reproductive, sexual, and gender autonomy. Moreover, these practices help cultivate radical imaginations of bodily autonomy and offer an alternative to liberal feminist and trans politics that rely on the state. However, drawing on anarchist-feminism and reproductive justice, I contend they are not sufficient *in themselves* for the achievement of bodily autonomy. Rather, I argue AHPs must be understood and practiced as part of wider movements for justice and emancipation.

Transfeminism, Bodily Autonomy, and Anarchist-Feminism

In this section, I lay out the main concepts and frameworks in the essay. I also answer the question, why bring together the issues of abortion and GAC? Lastly, I demonstrate



why anarchist-feminism is a uniquely apt frame for understanding AHPs and the politics of bodily autonomy more broadly.

Transfeminist Bodily Autonomy

Abortion and GAC are forms of bodily autonomy important to transfeminist collectivities that are currently under a conjoined assault. To better understand their interrelatedness, it is useful to bring definition to both transfeminism and bodily autonomy. Emi Koyama's "Transfeminist Manifesto," a key text within transfeminism, defines it as "primarily a movement by and for trans women who view their liberation to be intrinsically linked to the liberation of all women and beyond" (2003: 245). Transfeminism in the North American Anglophone context holds trans-inclusion as integral to feminism (Arfini 2020). As a form of intersectional feminism, transfeminism is indebted to Black feminist analyses of power and resistance (Green and Bey 2017). Thus, transfeminism can be understood as a solidaristic framework where liberation from gendered oppression is a collective project. This project or movement binds closely together all gender-oppressed subjects, regardless of gender identity or expression, and does not place limits on who benefits from dismantling cisheteropatriarchy.

Beyond the Anglosphere, Elia AG Arfini highlights other genealogies and connotations of transfeminism in Southern Europe, namely Spain, Italy, and France. Arfini traces the origins of this strand of transfeminism to "radical sex subcultures of collectives, squats, post-porn performers, hackers, sex-workers, migrants, [and] queer activists" (2020: 161). From this social context, Southern-European transfeminism exhibits "autonomous, anti-institutional, direct action politics" concerned with not just trans liberation but racial, economic, and gender justice more broadly (Arfini 2020: 161).⁴ Arfini's Southern-European transfeminism is a radical materialist and intersectional politics that builds on the foundations laid by Koyama.⁵

Essential to all strands of transfeminism is bodily autonomy. Both of the primary principles in Koyama's manifesto are rooted in self-determination:

First, it is our belief that each individual has the right to define [their] own identity and to expect society to respect it. [...] Second, we hold that we have the sole right to make decisions regarding our own bodies, and that no political, medical, or religious authority shall violate the integrity of our bodies against our will or impede our decisions regarding what we do with them. (Koyama 2003: 245)

⁴ Arfini asserts that transfeminist activism includes "gender-based violence, sex-work decriminalization, reproductive rights, homonationalism and migration, anti-austerity critiques of neoliberalism, gentrification, and assimilationist gay and lesbian politics" (2020: 161). See also Egaña and Solá 2016; Espineira and Bourcier 2016; and Baldo 2019.

⁵ Koyama admits their original manifesto lacks a rigorous intersectional lens (2003: 258).



Similarly, in a manifesto that helped spur Southern European transfeminism, the authors write “¡Nuestros cuerpos son nuestros!” [Our bodies are ours!] (Red PutaLesboNeraTransFemminista 2010: n.p.). These examples demonstrate bodily autonomy’s centrality to transfeminist politics as well as the expansive understanding of what that autonomy entails. As Joni Alizah Cohen asserts, bodily autonomy means “the power of full and final say on the meaning of our bodies, what they do and what is done to them” (2019: n.p.). Restrictions to and criminalization of both abortion and GAC violate these three elements.

Abortion restrictions are rooted in a patriarchal ideology that limits the meaning of women’s bodies and their roles to motherhood (*what our bodies mean*).⁶ Blocking a desired abortion takes away the ability to choose a health care intervention (*what is done to our bodies*), one which terminates an unwanted bodily process (*what our bodies do*). As Cohen argues, “We must always be able to withdraw consent, to safely arrest biological processes that are neither necessary, inevitable, nor chosen” (2019: n.p.). Similarly, the criminalization of GAC for trans youth restricts what care is available (*what is done to our bodies*), removing self-determination over bodily processes and characteristics (*what our bodies do*). The goal of these restrictions are to prevent or reverse transition for trans youth, limiting their gendered possibilities (*what our bodies mean*). Moreover, as the Black Rose / Rosa Negra Anarchist Federation (BRRNAF) assert, the attacks on both abortion and trans rights are “designed to reaffirm social hierarchies” in an attempt to “[reconsolidate] a social order that is perceived to be in jeopardy” (2022: n.p.). The capacity to terminate a pregnancy and to control one’s hormone levels and bodily development are key parts of a transfeminist struggle for bodily autonomy and against the patriarchal state, a struggle also fought under the banner of anarchist-feminism.

Anarchist-Feminism

Early anarchist approaches to gender ranged from the misogynistic to a paternalistic equality of separate roles to trenchant critiques of gendered oppression that remain radical and incisive today.⁷ Feminist anarchists in the classical era challenged sexist ideologies in wider society and within the anarchist milieu. American writer and speaker Voltairine de Cleyre (1914) and Spanish poet and militant Lucía Sánchez Saornil ([1935] 2004), were groundbreaking anarchist theorists of gender roles and their social construction, challenging essentialist notions of womanhood, manhood, and gender hierarchy. Anarchist-feminists also elucidated the connections between capitalism,

⁶ I use “women’s bodies” here because (cis) women are the primary focus of abortion opponents.

⁷ Historian Sharif Gemie argues that classical anarchism exhibited a “double paradox” (1996: 418). The first paradox describes the disconnect between anarchist ideals of egalitarianism and anti-authoritarianism with the sexism of anarchist men. The second is that feminist strands still emerged within a generally sexist and misogynist political and social culture.



patriarchy, and the state, particularly as they manifested in the institution of marriage. Feminist anarchists sought to abolish the patriarchal model of the family and instead build a culture of “free love” or “free marriage,” based on equality and consent.⁸

Within feminist movements and theory, anarchist-feminism has been a marginal strand historically. In the late nineteenth and early twentieth centuries, anarchist-feminists were often critics of mainstream women’s movements, “distinctive for their divergence from the reformist politics of social purity campaigners and suffragists and socialist approaches to feminism that sought to integrate women into current structures, including the state” (Nicholas 2018: 606).⁹ With the renewed energy of the women’s liberation movements in the 1970s as well as the more radical and anti-authoritarian undercurrents of the New Left, feminism began to show more affinity towards anarchism. This convergence was primarily through the horizontal forms of organization that women undertook based in affinity groups (Kornegger [1975] 2012; Kinna 2018: 265). Later as feminism diversified in the 1980s and 90s through the efforts of Black, Indigenous, and Women of Color feminists as well as queer, trans, and disabled feminists, an ideological convergence between feminism and anarchism can be seen. Intersectionality became the core of feminism, resonating with the anarchist aim to dismantle all forms of domination simultaneously (Rogue and Volcano 2012).¹⁰ Despite affinities, explicit anarchist currents remain at the periphery of feminism as a whole. Yet, as I hope to demonstrate in this essay, anarchist-feminism is a powerful framework for social analysis and action, particularly regarding radical bodily autonomy.

From the classical period to today, reproductive and bodily autonomy have been key tenets of anarchist-feminism. As with love, anarchists argued that parenting should be freely chosen; thus, they were prominent proponents of birth control, sexual education, and abortion rights. Out of these convictions, anarchists were at the forefront of movements for reproductive, gender, and sexual agency, often resulting in state suppression (Jeppesen and Nazar 2012: 174). Emma Goldman, likely the most prominent anarchist-feminist, was also a nurse and midwife serving immigrant women. From this experience, Goldman ([1916a] 2016, [1916b] 2016) asserted that controlling one’s reproduction was fundamental to women’s liberation as well as free love. She advocated strongly for sexual education and the availability of birth control, leading to

⁸ Chinese anarchist He Zhen’s critique of the family structure went beyond many of her European and American contemporaries, arguing for childrearing as a societal responsibility achieved through collective nurseries (Zarrow 1988; Jeppesen 2019: 127; Song 2022). Not all anarchists embraced “free love,” such as American anarchist Lucy Parsons, who critiqued free love as problematic for women in a patriarchal society (Rocha and Rocha 2019).

⁹ Though as Ruth Kinna notes, anarchist-feminists did admire the militant direct action tactics of British suffragists (2018: 276).

¹⁰ For anarchist critical engagements with intersectionality see Breton et al. 2012; Rogue and Volcano 2012; Dupuis-Déri 2016; Kinna 2018; Lazar 2018; and Jeppesen 2019.



her arrest on multiple occasions. The Japanese anarchist-feminist Itō Noe also advocated for abortion access even in the face of state censorship (Reich and Fukuda 1976). In addition to supporting abortion seekers through referrals, some anarchists who were nurses or doctors performed terminations regardless of the law, such as Marie Equi (Helquist 2015: 85-96). Equi, a contemporary of Goldman, provided for the health needs of the working class in Portland, Oregon and like Goldman, understood the connections between the patriarchal control of women's bodies and the oppression of the laboring masses by the capitalist state.

The late nineteenth and early twentieth centuries saw open discussions of homosexuality and the emergence of advocacy to reform the criminalization and cultural stigma surrounding it (Liesegang 2012: 88). Anarchists too were at the forefront of these movements.¹¹ Anarchist sex radicals, including Emma Goldman and Alexander Berkman in the US (Kissack 2008)¹² as well as Senna Hoy, Erich Mühsam, and John Henry Mackay in Germany (Fähnders 1995), affirmed homosexuality and fought against the regulation of sexuality by the state and by community norms.

In the 1970s, after the muted second wave of homophile activism in the 1950s, a radical blossoming of LGBTQ organizing and militancy came out of the Stonewall Rebellion in 1969 (Liesegang 2012: 92).¹³ Gay Liberation Front (GLF) chapters and the network they formed were organized largely along non-hierarchical lines and utilized radically participatory decision making based in consensus (Kissack 1995). While the GLF and its offshoots, including the Street Transvestite Action Revolutionaries (Shepard 2013) and Third World Gay Revolution (Latrónica 2009; Third World Gay Liberation [1971] 2010), as well as later developments like DYKETACTICS! (Bacchetta 2009; Ruth 2009) were not explicitly anarchist, they shared an affinity through their organizing forms and goals of collective liberation (Mecca 2009; Ferguson 2019).¹⁴ The same is true of the AIDS Coalition to Unleash Power (ACT UP) and other direct action AIDS organizing that emerged as a radical response to the HIV & AIDS pandemic (Shepard 2005). Presently, queer and trans issues and analyses are integral parts of anarchism, pulled from both the academy and struggles in the streets (Daring et al. 2012). In particular, anarchist-feminism has incorporated the analyses and issues of transfeminism and trans anarchists (Jeppesen and Nazar 2012; Rogue 2012; Herman 2015; Bey 2020). Moreover,

¹¹ Of course there was also widespread homophobia/heterosexism within the anarchist movement as well.

¹² As Terence Kissack notes, "the first sustained US-based conception of the social, ethical, and cultural place of homosexuality took place within the English-language anarchist movement" (2008: 3).

¹³ Though Stonewall was the most impactful, earlier rebellions (or riots) worked to politicize LGBTQ communities such as the Compton's Cafeteria Rebellion in San Francisco in 1966 (Worley 2011; Keller and Morris 2021).

¹⁴ As Tommi Avicola Mecca notes about the GLF, "Sexism, transphobia and racism within the nascent movement led to split-offs by women, transgenders and people of color" (2009: xii).



anti-capitalist, anti-racist, and anti-authoritarian convictions characterize radical queer and trans organizing, particularly as policing and prison abolition stands at the forefront of liberation movements (N. Smith and Stanley 2011; Gossett, Tourmaline, and Lewis 2012).

Anarchist-Feminism as Framework

Anarchist-feminism as a field of praxis is both a tool for analysis and a base for action. Sandra Jeppesen's "Toward an anarchist-feminist analytics of power" (2019) represents one of the most developed elaborations of anarchist-feminism's theoretical utility, drawing from a Foucauldian understanding of power. As Jeppesen argues, "Anarchist-feminists have long sought to reveal and challenge unequal conditions of power, working to create non-hierarchical power dynamics in activist groups" (2019: 113). Jeppesen identifies three key sites for an anarchist-feminist analytics, "destabilizing gender hierarchies; deconstructing the private-public divide; and re-establishing bodily autonomy" (2019: 115). Moreover, beyond liberal and most forms of socialist feminism, anarchist-feminism does not take the legitimacy of the state for granted, nor look to the state (or market) for solutions to social problems. In this essay, I examine reproductive and trans health practices to understand anarchistic responses to attacks on bodily autonomy, drawing on anarchist-feminist praxis as my guide.

Autonomous Health Practices

Autonomous health practices demonstrate a deep affinity with anarchist praxis. This affinity exists outside the political identifications of the individuals or groups involved.¹⁵ I define autonomous health practices (AHPs) as horizontally-organized activities that aim to bring self-determination to health care. The term autonomous, such as in "autonomous social center," connotes operating outside the logics of the state and capital, which anarchists identify as primary barriers to self-determination. Autonomous care activists work to meet people's needs as well as to build people's capacity to meet their own needs. Unmet needs result from the inaccessibility of care, whether due to high costs, geographical distance, gatekeeping, or underinvestment. Even when care is accessible, it may be oppressive or alienating; for example, the feminist self-help movement was a response to misogynistic doctors, profit-motivated care, and over-reliance on biomedical frameworks (Dudley-Shotwell 2020). The care being sought may also be criminalized, as in the case of abortion in many jurisdictions worldwide. With AHPs, unmet needs are addressed directly through autonomous organization, rather

¹⁵ As Dana M. Williams notes, "anarchist movement tactics do not need to be deployed only by self-conscious anarchists; others can utilise 'anarchistic' tactics which sharply mirror those wielded by anarchists themselves" (2018: 107).



than demanding health care from medical institutions or the state, reflecting anarchist principles. In this section, I flesh out these anarchist affinities, primarily through transfeminist AHPs, including abortion and GAC.

Direct Action and Mutual Aid

I argue that AHPs can be understood through the anarchist organizing principles of direct action and mutual aid. Direct action is a political strategy that seeks to effect change outside the hegemonic institutions of power and control (Graeber 2009).¹⁶ Rather than seeking political reforms through electoralism or making demands on decision makers, anarchists use creative means to both block unwanted actions and to create positive alternatives. Direct action takes many different forms from civil disobedience and sabotage to guerrilla gardening and direct service.

AHPs can be framed as forms of direct action through the reappropriation of health care into lay hands. The challenging of medical authority and medicalization is a key aspect of AHPs. Medicalization refers to a multi-faceted process whereby life problems become “defined and treated as medical problems, usually in terms of illness and disorders” (Conrad 1992: 209). While medicalization can have positive effects, such as reducing stigma or providing resources to a problem, it is also a tool of social control utilizing the power and authority of medicine (Conrad 1992). Demedicalization, i.e. the reversal of medicalization, is rarely a linear or easily completed process (Halfmann 2012). AHPs are not a dismissal of biomedical knowledge, rather, these forms of demedicalization and deprofessionalization fundamentally question who the socially recognized expert on the problem is as well as whose knowledge matters. AHPs “take medications and other technologies out of institutional settings and train ordinary people to safely use them in ways that had previously been exclusively the purview of professionals” (Braine 2020: 92). This upending of medical authority is a core goal of feminist self-help and trans DIY.

Mutual aid goes beyond charity or direct services. Within anarchism, mutual aid names the way collectivities provide assistance in a horizontal manner with the goal of building political consciousness around the social, economic, and political problems that make such assistance necessary in the first place (Spade 2020). While some of the forms of AHPs considered here are also referred to as do-it-yourself, e.g. “DIY abortion,” DIY is never solitary (Jeppesen 2018). Rather, self-managed care is supported by groups and networks based on the ideals of mutual aid, another key part of anarchist praxis.

¹⁶ Vicente Ordóñez defines direct action thusly, “Through unmediated action, oppressed individuals and groups attempt to overturn or destroy that which subjects them” (2018: 75).



Transfeminist AHPs

Transfeminist AHPs, which I use to refer to autonomous health practices coming out of feminist and trans movements to meet the care needs of women and trans people of all genders, have their origins in the intertwined feminist self-help and women's health movements of the 1970s and onward. These movements sought to resist the patriarchal, capitalist, and white supremacist medical-industrial complex and to build feminist alternatives (Dudley-Shotwell 2020). Feminist self-help was predicated on the idea that women could take care of their own reproductive health needs. This endeavor involved liberating knowledge from institutional sources like medical libraries as well as forming embodied knowledge gained through personal experimentation. Small groups of women came together to learn about their anatomy and to diagnose and treat common gynecological conditions. They also learned about reproductive health including pregnancy, birth control, and abortion. Self-help took these issues out of the hands of the largely male doctors and put them into the hands of the women themselves.

Lay and Self-Managed Abortion

Lay abortion, as an autonomous form of abortion care, is by no means a new phenomenon. Historically, before the medicalization of birth and abortion, midwives assisted with both. However, it is only through the innovations of feminist movements that lay abortion can be both safe and highly effective, including the invention of menstrual extraction and self-managed medication abortion.¹⁷ In addition to medical innovations, lay abortion was facilitated by the feminist social technology of self-help groups and networks that produced and disseminated knowledge.

Though not an explicitly anarchist-feminist organization, the Jane Collective is named as an inspiration by many anarchist-feminists when discussing access to abortion.¹⁸ The Chicago-based collective, first operating as a referral service, started in 1969 as a feminist response to the costly expense and lack of safety for illegal abortions. When the group found out in 1971 that their main provider was not actually a doctor, a few of the women realized they could learn how to perform abortions themselves. From then on, Jane operated as an autonomous feminist abortion clinic, allowing them to offer a sliding scale fee and remove a significant barrier for many low-income abortion-seekers. The group is estimated to have provided eleven thousand abortions by the time

¹⁷ Herbalism is a significant part of the history of abortion, including anarchist-feminist and autonomous activism around abortion. However, I do not address herbal abortion in this essay, primarily because medication abortion has become so widely available that it is the preferred harm reduction approach to self-managed abortion.

¹⁸ Primary anarchist sources discussing the Jane Collective include Highleyman 1992; Love and Rage Revolutionary Anarchist Federation 1997; CrimethInc Ex-Workers Collective 2018; and Black Rose / Rosa Negra Anarchist Federation 2022. Secondary academic sources include Jeppesen and Nazar 2012; Van Meter 2012; and Beswick 2022.



of the *Roe v Wade* decision in 1973 (Brown 2019: 133). Though they largely operated without interference from the police, this changed in 1972 when seven Jane members were arrested and charged for providing abortions. However, following the *Roe* decision, their lawyer was able to get all charges dropped. With the legalization of abortion in the US, the group disbanded but retains an important legacy that resonates today.

Feminists in Los Angeles were also organizing to address the same problems associated with abortion criminalization. In 1971, Lorraine Rothman and Carol Downer, who were part of a feminist self-help group, invented the menstrual extraction technique using a device known as the Del-Em (Copelton 2004).¹⁹ Similar to the story of women in Jane, Downer had the epiphany when observing the insertion of an IUD that with the right knowledge and tools, such as the speculum, abortion did not have to be in the guarded hands of a few. Downer and Rothman began to shadow and learn from underground abortion providers.

One of those providers, Harvey Karman, had already developed a new vacuum aspiration technique using a flexible cannula attached to a syringe. This was an improvement on the common dilation and curettage technique which involves a metal scraping tool. Iterating on Karman's design, Rothman created the Del-Em to be safer, easier to operate, and more comfortable for the abortion-seeker. Moreover, the DIY device was designed to be easy to assemble from common household and store-bought parts such as a mason jar and aquarium tubing (Murphy 2012: 159). Menstrual extraction even allowed the abortion-seeker to be actively involved in the process, by operating the syringe while another person guided the cannula. Since the 1970s, groups of women and trans people across the world have built, trained, and used menstrual extraction to enable reproductive control.

Feminist lay abortion practitioners demonstrated how demedicalization was crucial to building health and reproductive autonomy. In both the examples of Jane and menstrual extraction, women saw that they could gain the necessary knowledge and skills for performing abortion themselves. As Downer recalls, "I realized that if we just had some essential information about our bodies, we wouldn't have to put up with back-alley abortionists anymore" (Chalker 1993). Autonomy from both gatekeeping or criminalizing medical systems and risky "back-alley" providers was further expanded with the innovation of medication abortion, which enabled abortion-seekers to self-manage the termination of their pregnancies.

Self-managed medication abortion owes a great deal to Brazilian feminists who in the 1980s realized that the easily available ulcer medication misoprostol, could be used

¹⁹ Due to the criminalization of abortion at the time, the Del-Em had a cover story of being for the purpose of passing the menses all at once.



off-label for abortion. Misoprostol, a synthetic prostaglandin which causes uterine contractions, is a commonly used pharmaceutical method for first and second trimester abortions. It is most effective in the first nine weeks of pregnancy, where misoprostol on its own has between eighty-five and ninety percent efficacy (Löwy and Dias Villela Corrêa 2020: 679). When taken with mifepristone (RU-486), the efficacy rises to ninety-five percent, making this the preferred protocol. Because abortion medication can be safely and effectively used to self-manage a termination, it has become common practice in countries where abortion is criminalized.

Following the work of Brazilian feminists, networks throughout Latin America have formed to guide abortion-seekers in safe self-managed use of abortion pills. Illustrative is the case of Argentina, where feminist groups such as *Lesbianas y Feministas por la Descriminalización del Aborto* run information hotlines that provide support to abortion seekers (McReynolds-Pérez 2017). Typically, abortion-seekers will source the misoprostol themselves, which is widely available in Argentina. Though misoprostol is most effective in the first trimester, it is also suitable for second-trimester abortions. *Socorristas en Red* is a feminist group that provides accompaniment for second-trimester medication abortions, with trained aid available over the phone before, during, and after the termination (Keefe-Oates 2021). Importantly, this autonomous feminist work has not only helped make criminalized abortions safer, but has been part of a feminist strategy to destigmatize and make social change around the issue of abortion. In 2020, legal abortion on demand in the first 14 weeks of gestation was passed in Argentina.

For decades, feminists have responded to the urgent need for safe, legal, and free abortion through direct action and mutual aid. This long-term work has been facilitated through technical innovation, such as menstrual extraction or medication abortion, but also through feminist forms of organizing recognizable to anarchists, including affinity groups and horizontal networks. By learning about their bodies, wresting medical tools and knowledge away from institutionalized medicine as well as producing their own, feminists have created models for ensuring reproductive autonomy that do not rely on doctors or the state. These models, worthy of *critical* engagement, are very salient in the current moment, when abortion access is not universal and reproductive freedoms are precarious.

Trans DIY

Though less documented than feminist self-help, trans DIY also demonstrates a history of trans people taking direct action and forming relations of mutual aid to meet their own needs. Trans DIY includes “any number of technologies for transitioning in daily life, including ways to dress, alter appearance, do makeup, bind the chest, modulate the voice, walk down the street unharassed, and participate in public and private social life”



(Gill-Peterson 2021: 200). These technologies also include GAC, which historically has been DIY. Institutionalized trans medicine is a newer development and while now relatively routine in most of the Global North and parts of the Global South, it is still only accessible to a fraction of trans people who desire medical interventions.²⁰

The inaccessibility of GAC is a combination of multiple factors. Trans medicine is based on a gatekeeping model that seeks to restrict care to the most “appropriate,” that is those who match diagnostic criteria and the medical provider’s understanding of what a trans person is.²¹ While diagnoses and standards of care have moved away from strong forms of pathologization and queerphobia, health care providers are still the supposed experts guarding access to care (Dewey and Gesbeck 2017; Linander et al. 2019). If one is able to pass this first hurdle, GAC may be prohibitively expensive such as in the US, where insurance coverage can be denied (Bakko and Kattari 2020). In the UK’s National Health Service, like similar public healthcare systems, GAC is siloed into Gender-Identity Clinics with long waiting lists forcing care-seekers to put off necessary care for multiple years (Pearce 2018).²² These delays to care have detrimental, even deadly, effects on trans mental health (Pearce 2018). Finally, trans people face discrimination, harassment, and violence in healthcare settings, leading to avoidance of institutional medicine (Kattari et al. 2021). It is not surprising that trans people have organized to help each other navigate these barriers to quality, competent GAC.

Mutual aid is often represented as the provision of material aid such as food sharing or disaster relief, but I assert that the knowledge production and making information common that characterize feminist self-help and trans DIY are no less forms of mutual aid. For decades, trans people have researched, collated, and shared information about GAC, including which clinics and providers have trans-affirming practices and which should be avoided (Matte 2014; Malatino 2020). Beyond reviewing institutional medical care, trans people have also worked to build autonomous forms of care.

DIY hormone replacement therapy (HRT) is one way trans people are meeting their health needs outside institutional trans medicine. Hormones are the most widely used and desired gender-affirming medical intervention by trans and gender diverse people. Though informed consent models of care, which largely remove gatekeeping, are becoming more prominent in the US and elsewhere, access to hormones is still out of the

²⁰ Transness is not reducible to the medicalization of gender variance and not all trans people desire gender-affirming medical interventions.

²¹ This often forces trans people to contort their self-narratives and presentations into cisnormative tropes (Dewey and Gesbeck 2017; Linander et al. 2019).

²² This demonstrates how GAC is not treated as a priority or invested in. Moreover, While it is appropriate to have some aspects of GAC, such as surgery, classed as specialist treatment, hormone therapy can easily be prescribed and monitored by primary care physicians (Gardner and Safer 2013). By restricting all GAC in the UK to Gender Identity Clinics, care-seekers can be forced to wait several years between a referral and actually accessing hormone therapy.



reach for many. In the US, underground markets for hormones, mainly imported from Mexico, have existed since at least the early 1970s (Gill-Peterson 2022). Today, hormones can be purchased without a prescription through online pharmacies throughout the world. Illegal or semi-legal markets enable the sidestepping of gatekeeping but are not in themselves examples of mutual aid. Rather, we can see mutual aid in action through the information sharing and support that has enabled trans and non-binary people to self-manage gender-affirming hormone therapy. Zines, a mainstay of DIY and anarchist culture, are one source of this information (Edenfield, Holmes, and Colton 2019; Raha 2021). For example, the DIY HRT manual, *Mascara and Hope* (2013), “offers advice and instructions for HRT transitions outside of institutional spaces for trans women in the United Kingdom” (Edenfield, Holmes, and Colton 2019: 181). More recently, internet forums and wiki sites have sprung up around self-managed hormone use providing not only information on where to purchase hormones and safe hormone regimens but also a way to give and receive peer support.²³

The field of trans health care is constantly changing, removing some of the mentioned barriers. Yet, access to GAC and care that is not based in cis- and heteronormative notions of trans people is still lacking, creating the need for autonomous alternatives. Like lay abortion, trans DIY represents a form of demedicalization, challenging the authority and gatekeeping role of doctors and psychologists in trans medicine.²⁴ Through the mutual aid of trans zines and forums, trans people build autonomous GAC.

Feminist self-help and trans DIY as autonomous health practices demonstrate that bodily autonomy does not need to rely on legality, state provision, or the market.²⁵ Though there are positive trends globally (e.g. abortion legalization in Ireland and Argentina), we are witnessing concerted attacks on reproductive rights in the US, Poland, and elsewhere. Additionally, attacks on GAC for youth in the US and the UK are gaining ground. AHPs are not a substitute for decriminalization nor do they negate the need to fight for fully-resourced, community-run health care which includes reproductive and GAC. Nevertheless, AHPs cultivate radical political imaginations that do not constrict care and rights to what can be offered by states. I argue that transfeminist AHPs can be seen as anarchist-feminist technologies. Yet, like any political practice, tactic, or strategy, we need to critically evaluate AHPs to understand both the potential and limits.

²³ These sites are focused heavily on transfeminine transition and the use of estrogens. This is a product of the designation of testosterone as a controlled substance.

²⁴ Indeed, as Jules Gill-Peterson argues, trans DIY is “plausibly the single largest, most comprehensive, and insightful body of knowledge about sex and gender to emerge since the 20th century” (2021: 202).

²⁵ However, of course, many of the practices listed still rely to a significant extent on the pharmaceutical industry and markets. Non-capitalist alternatives in the production of medicines are lacking.



Autonomous Health Movements

In the previous section, I demonstrated the alignment of transfeminist autonomous health practices with the anarchist principles of direct action and mutual aid. Beyond these principles, it is imperative to ask how AHPs fit in with larger struggles for autonomy. Trans legal scholar and organizer Dean Spade provides useful criteria for evaluating AHPs:

In my own work studying and participating in queer and trans liberation projects and in organizations centered on border and prison abolition, I have relied on four primary questions as criteria for evaluating reforms and tactics: Does it provide material relief? Does it leave out an especially marginalized part of the affected group (e.g., people with criminal records, people without immigration status)? Does it legitimize or expand a system we are trying to dismantle? Does it mobilize people, especially those most directly impacted, for ongoing struggle? (2020: 133)

These are empirical questions for organizers that demand concerted study, which is necessary but beyond the scope of this current paper. Rather, I use Spade's questions as jumping off points to consider more broadly the implications of AHPs for anarchist praxis. In this section, I delve deeper into the political imaginations of AHPs, bringing them into conversation with anarchist-feminism, harm reduction, reproductive justice, and abolition.

Material Relief

Providing for material needs in collective, self-governed ways has always been integral to the anarchist project. It is a prefigurative stance, matching means with the ends of an anarchist society. Alongside anarchism, movements for radical social transformation have also highlighted the necessity of meeting material needs, not just as an ethical responsibility, but as a necessary part of revolutionary strategy. One prominent example and inspiration for anarchists is the mutual aid projects of the Black Panther Party (BPP). Responding to impoverishment in disinvested Black communities in the US, the BPP set up community social services such as their Free Breakfast program, community schools, and health clinics (Potorti 2017). These programs were framed as "survival pending revolution." The BPP knew that the struggle for Black liberation required people whose needs were being met.

One frame I want to bring in to understand why and how AHPs can offer material relief is harm reduction. Harm reduction is helpful in navigating situations where practices are criminalized and/or the safest means of survival are unavailable. Christopher B. R. Smith highlights the parallels between the philosophy of harm reduction with anarchism and argues that harm reduction is a "fundamentally anarchist-inspired practice" (2012: 210). Harm reduction, which arose out of community



organizing among drug users in response to the HIV & AIDS pandemic, seeks to make stigmatized and criminalized activities safer, without attempting to end them (C. B. R. Smith 2012). Moreover, harm reduction is “rooted in struggles for justice that develop pragmatic, autonomous practices that enhance self-determination and address stigmatized, often criminalized, health issues” (Braine 2020: 87). Like with mutual aid, part of what makes harm reduction radical is the politicization of harm and revealing the structures that produce it.²⁶

Material relief means more than food and shelter. A degree of reproductive and bodily autonomy is necessary for survival, which means relief from forced pregnancy and forced gendering. Having the right tools and information is key to self-determination in one’s life. Transfeminist AHPs are about keeping communities safe but also have the potential to spur wider change, in line with the anarchist roots of harm reduction.

Pregnancy is a health risk for many. In 2017, approximately 810 women died every day from preventable causes related to pregnancy and childbirth (World Health Organization 2019). In the US, maternal mortality rates, already well above other Global North nations (Tikkanen et al. 2020), have been rising in the past few decades and a wide racial gap persists, meaning that Black women are several times more likely than white women to die from pregnancy-related causes (Collier and Molina 2019). Beyond death and poor health outcomes, studies show that people denied an abortion and their families have worse social and economic outcomes (Foster 2021). Being able to terminate an unwanted pregnancy is a key aspect of having bodily autonomy and self-determination.

Abortion is an age old phenomenon, one that has and will occur regardless of its legal status. As one common pro-choice slogan notes, “you can only ban *safe* abortion.” Criminalization of abortion leads pregnant people who are desperate towards unsafe practices. Harm reduction in this context means providing accurate information about self-managed abortion, and if possible, easy avenues to the proper medications (Erdman, Jelinska, and Yanow 2018: 14). Making self-managed abortion safe and accessible opens up possibilities for autonomy and survival.

Being able to transition is also a matter of survival for trans people. As Harry Josephine Giles notes, “Transition is the labour that [...] produces liveably gendered lives under intolerable conditions” (2019: 5). GAC can have significant impacts on life chances for trans people, particularly around safety and access to employment. Denying transition, which criminalization of GAC seeks to do, grinds down trans people, with

²⁶ Yet, as harm reduction has become institutionalized, it can stray from its radical roots, and become a depoliticized public health strategy (C. B. R. Smith 2012).



fatal consequences. Trans DIY and mutual aid are community refuges from and wrenches in the gears of the cissexist state.

Another necessary frame to interrogate transfeminist AHPs is reproductive justice (RJ). RJ arose out of the organizing of Black, Indigenous, and other women of color feminists responding to the history of reproductive control of racialized and colonized people, including rape, family separation, and non-consensual sterilization (Price 2020). RJ is a critique of and alternative to single-issue, liberal feminism that approaches reproductive rights as equivalent to the right to abortion and contraception. Marrying a human rights framework, intersectionality, and Black feminist structural critique, RJ understands reproductive freedoms as extending well beyond the right to prevent or terminate a pregnancy. Loretta Ross and Ricki Solinger articulate RJ as “(1) the right not to have a child; (2) the right to have a child; and (3) the right to parent children in safe and healthy environments” (2017: 9). Thus RJ takes a holistic approach to reproductive autonomy, one that incorporates racial, economic, disability, migrant, and environmental justice. Reproductive autonomy is not fully realized without all of these struggles.

While RJ is not an explicitly anarchist framework, RJ is primarily concerned with state violence and shares a vision of collective liberation and social provision resonant with anarchism. Indeed, anarchist-feminists draw inspiration from the RJ movement (Jeppesen and Nazar 2012: 175). As J. Rogue and Abbey Volcano note, “Reproductive justice advocates have argued for an intersectional approach to these issues, and an anarchist feminist analysis of reproductive freedom could benefit by utilizing an anarchist intersectional analysis” (2012: 46). A RJ informed approach to AHPs would understand and link the bodily autonomy of abortion access and GAC to other forms of autonomy gained from projects such as food sovereignty, housing defense, community alternatives to policing, and shutting down fossil fuel infrastructure; all part of creating safe and supportive environments that make lives more livable. Nevertheless, a RJ frame also pushes at the limits of small scale autonomous projects, which do not (yet) often lead to wide-scale, structural changes.

Marginalization

Just as RJ critiqued the exclusion of white feminist abortion politics, it is necessary to ask who benefits from transfeminist AHPs and who may be excluded. The feminist self-help movement of the 1970s was a largely white, middle class affair. Yet, it is largely racialized, Indigenous, poor, migrant, and disabled people who do not have access to quality health care in the US. What kind of difference can underground activities make to these structural inequalities? Moreover, what issues of access will exist? In regards to abortion, the BRRNAF argues, “Even the most successful underground infrastructure will leave many millions of people unable to easily or safely access services” (2022: n.p.).



Of course, though, those involved with or advocating for this underground infrastructure do not conceive of it as a ready-made solution to these problems. Rather, these questions should guide how AHPs are viewed strategically.

Presently, in the context of the US, the issue of criminalization presents a significant hurdle for those engaging in AHPs, particularly regarding abortion. While making abortion pills or menstrual extraction readily available can sidestep some problems of access, the issue of criminalization creates others. Currently, abortion seekers who choose self-managed abortion will primarily be those with few or no other options. They are often those who are already subject to heightened surveillance and criminalization due to white supremacy, settler colonialism, and border imperialism. This nexus of conservative legal contexts and social marginalization requires deep thought around more than just the question of how to get pills into people's hands. What happens afterward is just as important.

In anti-abortion legal contexts, miscarriage and adverse pregnancy outcomes are subject to policing scrutiny (Grant 2022). Instructional materials around self-managed medical abortion advise the care-seeker to solicit medical attention in the case of complications, which while rare, do occur. Guides often state that the abortion seeker does not need to reveal their use of abortion drugs and can instead tell medical staff that they have had a miscarriage.²⁷ For example, the zine *How to Give Yourself an Abortion* notes, "If taken ... as directed, a doctor won't be able to tell if you've induced an abortion or had a 'natural' miscarriage." Yet, when natural miscarriage can be grounds for policing and legal harassment, this form of plausible deniability is not a solid ground for protection.²⁸ Beyond getting pills into people's hands, harm reduction means truly conveying the legal risks involved. Many guides cover these risks, including *How to Give Yourself an Abortion*; however, not all do and the legal landscape is always shifting, requiring up-to-date information. Of particular concern in the age of surveillance capitalism is the data trail that an abortion-seeker might leave, from internet searches to period-tracking apps (Black 2022; Digital Defense Fund 2022).

AHPs can help circumvent the access issues caused by criminalization but do not remove the risks associated with it and these risks are not equally borne. AHPs like self-managed abortion still represent effective harm reduction measures and harm reduction activists are well versed at operating in contexts of criminalization. To challenge these legal regimes, however, AHPs and harm reduction need to be connected with organizing

²⁷ Self-managed abortion guides should always recommend the oral route of medication and note that vaginal insertion can leave evidence of medication use, a legal risk.

²⁸ Moreover, it relies on the user both remembering a cover story and feeling comfortable not disclosing all information during a medical emergency.



to address those risks, such as bail funds, legal representation, campaigns to drop charges, and the creation of sanctuary cities.

This is a potent site of alliance between RJ movements and movements for policing and prison abolition. It pays to listen to reproductive justice activists and organizations who have long worked on these issues. Decriminalization of abortion is necessary for creating a safe atmosphere under which abortion can occur as well as keeping people out of the criminal justice system. Thus, beyond getting pills into people's hands, self-managed abortion requires organizing to disrupt criminalization in the short-term and ultimately to abolish the systems of criminalization in the long-term.

(De)legitimization

Aligned with the anarchist principles of direct action and mutual aid, AHPs work to delegitimize the current hierarchical and violent systems that control care. As Dana M. Williams asserts, anarchist tactics “serve a diagnostic function that negatively frames societal characteristics with an anarchist analysis” (2018: 107). Where direct action is effective, it shows the power of working outside the machinery of the state. Similarly, mutual aid demonstrates that we can meet our needs autonomously.

Furthermore, AHPs as acts of demedicalization, contest the authority of experts and institutions of medicine. As Naomi Braine argues, “Safe abortion outside the medical system brings together the different elements of de-medicalization in a straightforward way; women take control of knowledge and technologies that enable safe abortions, which directly empowers them in relation to medical institutions and enhances their autonomy and self-determination” (2020: 91). This contestation is not, nor should be, a wholesale dismissal of medical expertise. Rather, AHPs can create new paradigms in medicine and demonstrate that health care can look different, yet still meet our needs. For many abortions, likely most, the process can safely be self-managed or handled by lay practitioners. The same is true of gender-affirming hormone therapy, where self-managed hormone use is not just an alternative to professionally-mediated care but a contestation of the very medicalized model that underlies dominant conceptions of trans identity. Nevertheless, AHPs do not cover all necessary forms of abortion or GAC, demonstrating the need for more holistic solutions.

Mobilization

The question of mobilization is one that speaks to the difference between mutual aid and charity. As many anarchists have argued, mutual aid is distinguished from charity, in part, by the political consciousness raising aspect of the practice (Spade 2020). That is, mutual aid seeks not just to meet immediate material needs but to build a social force that can address the problems that produce those unmet needs. This effort requires



constructing a shared political imagination that demystifies the roots of social problems and understands those receiving the service as capable, political agents. Consciousness raising may not always be a part of AHPs but has been incorporated in many projects. For example, the Jane collective provided radical feminist literature in their waiting rooms, discussing patriarchy as the source of abortion criminalization. Similarly, Latin American collectives aiding self-managed abortion provide “feminist political education within workshops and materials about the safe use of medication for abortion” (Braine 2020: 87).

Furthermore, AHPs can be seen through the anarchist-feminist concept of *capacitación*, coming from *Mujeres Libres*, an anarchist-feminist group active during the Spanish Civil War (de Heredia 2007: 43; Jeppesen 2019: 120). According to Marta Iñiguez de Heredia, “The *capacitación* of women meant a process of developing the skills and confidence that would enable them to fight for their emancipation” (2007: 48).²⁹ Direct action and mutual aid cultivate a sense of agency and as discussed above, lend legitimacy to everyday actors, not the state apparatus. Though this *capacitación* can remain untapped, it is a useful resource for connecting AHPs with wider movements, which I argue is necessary for a more critical anarchist-feminist articulation of reproductive and bodily autonomy.

From Spade’s prompts, we can see that transfeminist AHPs can be useful direct action and mutual aid strategies for meeting material needs. Transfeminist AHPs show that survival needs can be met, keeping our communities alive and safe without relying on the state. Moreover, these practices, acting as both critique and alternative, can be important catalysts for individual and collective politicization and empowerment.

However, autonomy and health cannot be achieved through pills alone. The BRRNAF argues that “the creation of alternative interim services is not enough” (2022: n.p.). Rather than autonomous health practices, Braine asserts that we need to discuss and build autonomous health *movements* (2020). That is, we need to position and understand AHPs as occurring within wider contexts, namely that of social movements. This connection is clear with abortion activism in Latin America, where aiding self-managed abortion is tied in with campaigns for safe, legal, and free abortion (Keefe-Oates 2021).³⁰ The BRRNAF highlights the necessity of seeing fights over bodily autonomy as part of class struggle. They call for social movements that can engage in mass disruption, that is “long term campaigns of strategically oriented direct action: labor/student/social/rent strikes, blockades, occupations, and other innovative tactics that apply serious coordinated pressure to the state and the economy” (Black Rose / Rosa Negra Anarchist Federation 2022: n.p.).

²⁹ Cf. the use of “joy” as outlined in *Joyful Militancy* (2017) by Nick Montgomery and carla bergman.

³⁰ Though less documented, trans DIY can also be seen as part of trans health justice movements.



Further, AHPs are not and cannot be an alternative to collective medical and health infrastructures. While some aspects of health and wellbeing are amenable to demedicalized and DIY approaches, many aspects are not. In the case of GAC and abortion, many interventions and evaluations require highly skilled and specialized medical teams, which cannot be replaced by trans DIY or the abortion underground. However, the radical political imaginaries of autonomous health practices can help envision how bottom-up health care systems might be built and what principles they could embody. This visioning can be aided by the many examples of health infrastructures in autonomous zones, such as the Zapatista territories (Zibechi 2019), or the numerous autonomous health clinics in Greece (CareNotes Collective 2020).

Conclusion

In this paper, I have argued that transfeminist autonomous health practices are a powerful, if limited, tool for building reproductive and bodily autonomy. Moreover, AHPs are uniquely positioned to offer an anarchist-feminist response to the criminalization and inaccessibility of reproductive and gender-affirming health care. Anarchist-feminists know that we cannot rely on the state to uphold our freedoms. The state can always rescind those freedoms as evident with the *Dobbs* case. We need an alternative, a counterhegemony, to the dominant liberal trans and feminist politics that believes liberation will come from a more diverse state and inclusive capitalism.

Anarchist-feminists seek to build capacity for individual and collective self-determination from the ground up. This includes forms of direct action and mutual aid such as transfeminist AHPs. Additionally, autonomous social infrastructures for care and resistance must be formed, from communal kitchens and DIY trans clinics to squats and self-managed abortion networks, building the prefigurative social relations. Broad-based mass movements of working-class power, supported by this autonomous infrastructure, could pose the necessary challenge that breaks the hold of state and capital, leading the way toward more anarchist-feminist futures.

Works Cited

- Arfini, Elia A. G. (2020). "Transfeminism." *Lambda Nordica* 25.1: 160-65.
- Bacchetta, Paola (2009). "DYKETACTICS! Notes Towards an Un-Silencing." *Smash the Church, Smash the State! The Early Years of Gay Liberation*. Ed. Tommi Avicelli Mecca. San Francisco: City Lights Books, 218-31.



- Bakko, Matthew and Shanna K. Kattari (2020). "Transgender-Related Insurance Denials as Barriers to Transgender Healthcare: Differences in Experience by Insurance Type." *Journal of General Internal Medicine* 35.6: 1693-700.
- Baldo, Michela (2019). "Translating Spanish Transfeminist Activism into Italian. Performativity, DIY, and Affective Contaminations." *Gender/Sexuality/Italy* 6: 66-84.
- Bassi, Serena and Greta LaFleur (2022). "Introduction: TERFs, Gender-Critical Movements, and Postfascist Feminisms." *TSQ: Transgender Studies Quarterly* 9.3: 311-33.
- Beswick, Spencer (2022). "'We're Pro-Choice and We Riot!': How Anarcha-Feminists Built Dual Power in Struggles for Reproductive Freedom." *It's Going Down*: <https://itsgoingdown.org/pro-choice-riot-history-anarcha-feminists/>. [accessed 27 May 2022]
- Bey, Marquis (2020). *Anarcho-Blackness: Notes Toward a Black Anarchism*. Chico, CA: AK Press.
- Black Rose / Rosa Negra Anarchist Federation (2022). "Rights Are Made in the Streets, Not the Courts: BRRN Statement on Leaked Supreme Court Draft Overturning Roe v. Wade." *Black Rose / Rosa Negra Anarchist Federation*: <https://blackrosefed.org/scotus-roe-draft-statement/>. [accessed 17 May 2022]
- Black, Steph (2022). "Self-Managed Abortion Is a Nightmare in the Surveillance Age." *Motherboard*: <https://www.vice.com/en/article/5dg7px/self-managed-abortion-is-a-nightmare-in-the-surveillance-age>. [accessed 18 Dec. 2022]
- Borba, Rodrigo (2022). "Enregistering 'Gender Ideology': The Emergence and Circulation of a Transnational Anti-Gender Language." *Journal of Language and Sexuality* 11.1: 57-79.
- Braine, Naomi (2020). "Autonomous Health Movements." *Health and Human Rights* 22.2: 85-97.
- Breton, Emilie, Sandra Jeppesen, Anna Kruzynski, and Rachel Serrasin (2012). "Feminisms at the Heart of Contemporary Anarchism in Quebec: Grassroots Practices of Intersectionality." *Canadian Woman Studies* 29.3: 147-59.
- Brown, Jenny (2019). *Without Apology: The Abortion Struggle Now*. London: Verso.
- Calkin, Sydney and Ella Berny (2021). "Legal and Non-Legal Barriers to Abortion in Ireland and the United Kingdom." *Medicine Access @ Point of Care* 5 Jan.: 1-10.
- CareNotes Collective (ed.) (2020). *For Health Autonomy: Horizons of Care Beyond Austerity: Reflections from Greece*. Brooklyn, NY: Common Notions.
- Chalker, Rebecca (1993). "The Whats, Hows and Whys of Menstrual Extraction." *On the Issues* 26: 42-43.
- Cohen, Joni Alizah (2019). "Our bodies, our choice." *Red Pepper*: <https://www.redpepper.org.uk/our-bodies-our-choice/>. [accessed 1 Jun. 2022]
- Collier, Ai-ris Y. and Rose L. Molina (2019). "Maternal Mortality in the United States: Updates on Trends, Causes, and Solutions." *NeoReviews* 20.10: e561-74.



- Conrad, Peter (1992). "Medicalization and Social Control." *Annual Review of Sociology* 18.1: 209-32.
- Copelton, Denise A. (2004). "Menstrual Extraction, Abortion, and the Political Context of Feminist Self-Help." *Gendered Perspectives on Reproduction and Sexuality* 8: 129-64.
- Corredor, Elizabeth S. (2019). "Unpacking 'Gender Ideology' and the Global Right's Antigender Countermovement." *Signs: Journal of Women in Culture & Society* 44.3: 613-38.
- CrimethInc Ex-Workers Collective (2018). "Kavanaugh Shouldn't Be on the Supreme Court. Neither Should Anyone Else." *CrimethInc.*: <https://crimethinc.com/2018/10/01/kavanaugh-shouldnt-be-on-the-supreme-court-neither-should-anyone-else>. [accessed 28 May 2022]
- Daring, C. B., J. Rogue, Deric Shannon, and Abbey Volcano (eds.) (2012). *Queering Anarchism: Addressing and Undressing Power and Desire*. Oakland, CA: AK Press.
- de Cleyre, Voltairine (1914). "Sex Slavery." *Selected Works of Voltairine de Cleyre*. Ed. Alexander Berkman. New York: Mother Earth Publishing Association, 342-58.
- de Heredia, Marta Iñiguez (2007). "History and Actuality of Anarcha-Feminism: Lessons from Spain." *Lilith: A Feminist History Journal* 16: 42-56.
- Dewey, Jodie M. (2020). "Medicalized Transgender Bodies: Depriving Autonomy, Conferring Humanness, and Bestowing Cisgenderism." *Trans Lives in a Globalizing World: Rights, Identities, and Politics*. Ed. J. Michael Ryan. New York: Routledge, 93-109.
- Dewey, Jodie M. and Melissa M. Gesbeck (2017). "(Dys) Functional Diagnosing: Mental Health Diagnosis, Medicalization, and the Making of Transgender Patients." *Humanity & Society* 41.1: 37-72.
- Digital Defense Fund (2022). "Guide to Abortion Privacy." *Digital Defense Fund*: <https://digitaldefensefund.org/ddf-guides/abortion-privacy>. [accessed 18 Dec. 2022]
- Dudley-Shotwell, Hannah (2020). *Revolutionizing Women's Healthcare: The Feminist Self-Help Movement in America*. New Brunswick, NJ: Rutgers University Press.
- Dupuis-Déri, Francis (2016). "Is the State Part of the Matrix of Domination and Intersectionality? An Anarchist Inquiry." *Anarchist Studies* 24.1: 36-61.
- Edenfield, Avery C., Steve Holmes, and Jared S. Colton (2019). "Queering Tactical Technical Communication: DIY HRT." *Technical Communication Quarterly* 28.3: 177-91.
- Egaña, Lucía and Miriam Solá (2016). "Hacking the Body: A Transfeminist War Machine." Trans. Michael Brasher. *TSQ: Transgender Studies Quarterly* 3.1-2: 74-80.
- Erdman, Joanna N., Kinga Jelinska, and Susan Yanow (2018). "Understandings of Self-Managed Abortion as Health Inequity, Harm Reduction and Social Change." *Reproductive Health Matters* 26.54: 13-19.
- Espineira, Karine and Sam Bourcier (2016). "Transfeminism: Something Else, Somewhere Else." *TSQ: Transgender Studies Quarterly* 3.1-2: 84-94.



- Fähnders, Walter (1995). "Anarchism and Homosexuality in Wilhelmine Germany: Senna Hoy, Erich Mühsam, John Henry Mackay." *Journal of Homosexuality* 29.2-3: 117-54.
- Faye, Shon (2021). *The Transgender Issue: An Argument for Justice*. London: Penguin Books Ltd.
- Ferguson, Roderick A. (2019). "The Multidimensional Beginnings of Gay Liberation." *One-Dimensional Queer*. Cambridge: Polity Press, 18-45.
- Foster, Diana Greene (2021). *The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion*. New York: Scribner.
- Gardner, Ivy H. and Joshua D. Safer (2013). "Progress on the Road to Better Medical Care for Transgender Patients." *Current Opinion in Endocrinology, Diabetes and Obesity* 20.6: 553-58.
- Gemie, Sharif (1996). "Anarchism and Feminism: A Historical Survey." *Women's History Review* 5.3: 417-44.
- Giles, Harry Josephine (2019). *Wages for Transition*. Edinburgh: Easter Road Press.
- Gill-Peterson, Jules (2021). "DIY." *The SAGE Encyclopedia of Trans Studies*. Ed. Abbie E. Goldberg and Genny Beemyn. Los Angeles: SAGE Publications, 199-202.
- (2022). "Doctors Who?" *The Baffler*: <https://thebaffler.com/salvos/doctors-who-gill-peterson>. [accessed 16 Jan. 2023]
- Goldman, Emma (2016a [1916]). "Again the Birth Control Agitation" *Anarchy and the Sex Question: Essays on Women and Emancipation, 1896-1926*. Ed. Shawn P. Wilbur. Oakland, CA: PM Press, 109-12.
- (2016b [1916]). "The Social Aspects of Birth Control." *Anarchy and the Sex Question: Essays on Women and Emancipation, 1896-1926*. Ed. Shawn P. Wilbur. Oakland, CA: PM Press, 101-08.
- Gossett, Che, Tourmaline, and A. J. Lewis (2012). "Reclaiming Our Lineage: Organized Queer, Gender-Nonconforming, and Transgender Resistance to Police Violence." *S&F Online* 10.1-2. <https://sfonline.barnard.edu/reclaiming-our-lineage-organized-queer-gender-nonconforming-and-transgender-resistance-to-police-violence/>.
- Graeber, David (2009). *Direct Action: An Ethnography*. Oakland, CA: AK Press.
- Grant, Melissa Gira (2022). "The Growing Criminalization of Pregnancy." *The New Republic* May: <https://newrepublic.com/article/166312/criminalization-abortion-stillbirths-miscarriages>. [accessed 5 May 2022]
- Green, Kai M. and Marquis Bey (2017). "Where Black Feminist Thought and Trans* Feminism Meet: A Conversation." *Souls* 19.4: 438-54.
- Halfmann, Drew (2012). "Recognizing Medicalization and Demedicalization: Discourses, Practices, and Identities." *Health* 16.2: 186-207.
- Helquist, Michael (2015). *Marie Equi: Radical Politics and Outlaw Passions*. Corvallis, OR: Oregon State University Press.



- Herman, Elis L. (2015). "Tranarchism: Transgender Embodiment and Destabilization of the State." *Contemporary Justice Review* 18.1: 76-92.
- Highleyman, Liz A. (1992). "Reproductive Freedom in Everyday Life." *Love And Rage* 3.2: 6.
- Jeppesen, Sandra (2018). "DIY." *Anarchism: A Conceptual Approach*. Ed. Benjamin Franks, Nathan Jun, and Leonard Williams. New York: Routledge, 203-18.
- (2019). "Toward an Anarchist-Feminist Analytics of Power." *The Anarchist Imagination: Anarchism Encounters the Humanities and the Social Sciences*. Ed. Carl Levy and Saul Newman. New York: Routledge, 110-31.
- Jeppesen, Sandra and Holly Nazar (2012). "Genders and Sexualities in Anarchist Movements." *The Continuum Companion to Anarchism*. Ed. Ruth Kinna. London: Continuum, 162-91.
- Kattari, Shanna K., Matthew Bakko, Lisa Langenderfer-Magruder, and Brendon T. Holloway (2021). "Transgender and Nonbinary Experiences of Victimization in Health Care." *Journal of Interpersonal Violence* 36: NP13054-76.
- Keefe-Oates, Brianna (2021). "Transforming Abortion Access Through Feminist Community-Based Healthcare and Activism: A Case Study of Socorristas en Red in Argentina." *Abortion and Democracy: Contentious Body Politics in Argentina, Chile, and Uruguay*. Ed. Barbara Sutton and Nayla Luz Vacarezza. New York: Routledge, 190-204.
- Keller, Monica and Jessica Morris (2021). "Compton's Cafeteria Riot." *The SAGE Encyclopedia of Trans Studies*. Ed. Abbie E. Goldberg and Genny Beemyn. Los Angeles: SAGE Publications, 154-55.
- Kinna, Ruth (2018). "Anarchism and Feminism." *Brill's Companion to Anarchism and Philosophy*. Ed. Nathan Jun. Leiden: Brill, 253-84.
- Kissack, Terence S. (1995). "Freaking Fag Revolutionaries: New York's Gay Liberation Front, 1969-1971." *Radical History Review* 62: 105-34.
- (2008). *Free Comrades: Anarchism and Homosexuality in the United States, 1895-1917*. Oakland, CA: AK Press.
- Knefel, John (2022). "Right-wing media are pushing for vigilantism against trans people and drag queens. Fascists are answering the call." *Media Matters*: <https://www.mediamatters.org/tucker-carlson/right-wing-media-are-pushing-vigilantism-against-trans-people-and-drag-queens>. [accessed 24 Feb. 2023]
- Kornegger, Peggy (2012 [1975]). "Anarchism: The Feminist Connection." *Quiet Rumours: An Anarcha-Feminist Reader*. Ed. Dark Star Collective. Oakland, CA: AK Press, 25-36.
- Koyama, Emi (2003). "Transfeminist Manifesto." *Catching a Wave: Reclaiming Feminism for the 21st Century*. Ed. Rory Dicker and Alison Piepmeier. Lebanon, NH: Northeastern University Press, 244-59.
- Latrónica, Néstor (2009). "My Memories as a Gay Militant in NYC." *Smash the Church, Smash the State! The Early Years of Gay Liberation*. Ed. Tommi Avicolti Mecca. San Francisco: City Lights Books, 48-54.



- Lazar, Hillary (2018). "Intersectionality." *Anarchism: A Conceptual Approach*. Ed. Benjamin Franks, Nathan Jun, and Leonard Williams. New York: Routledge, 157-74.
- Liesegang, Jerimarie (2012). "Tyranny of the State and Trans Liberation." *Queering Anarchism: Addressing and Undressing Power and Desire*. Ed. C. B. Daring, J. Rogue, Deric Shannon, and Abbey Volcano. Oakland, CA: AK Press, 87-99.
- Linander, Ida, Erika Alm, Isabel Goicolea, and Lisa Harryson (2019). "'It Was Like I Had to Fit into a Category': Care-Seekers' Experiences of Gender Regulation in the Swedish Trans-Specific Healthcare." *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 23.1: 21-38.
- Love and Rage Revolutionary Anarchist Federation (1997). *Love & Rage Draft Political Statement*: <https://theanarchistlibrary.org/library/love-and-rage-revolutionary-anarchist-federation-l-r-draft-political-statement>. [accessed 27 May 2022]
- Löwy, Ilana and Marilena Cordeiro Dias Villela Corrêa (2020). "The 'Abortion Pill' Misoprostol in Brazil: Women's Empowerment in a Conservative and Repressive Political Environment." *American Journal of Public Health* 110.5: 677-84.
- Malatino, Hil (2020). *Trans Care*. Minneapolis: University of Minnesota Press.
- Matte, Nick (2014). "Rupert Raj and the Rise of Transsexual Consumer Activism in the 1980s." *Trans Activism in Canada: A Reader*, Ed. Dan Irving and Rupert Raj. Toronto: Canadian Scholars' Press Inc., 33-43.
- McReynolds-Pérez, Julia (2017). "No Doctors Required: Lay Activist Expertise and Pharmaceutical Abortion in Argentina." *Signs: Journal of Women in Culture and Society* 42.2: 349-75.
- Mecca, Tommi Avicoli (2009). "Introduction." *Smash the Church, Smash the State! The Early Years of Gay Liberation*. Ed. Tommi Avicoli Mecca. San Francisco: City Lights Books, ix-xvi.
- Montgomery, Nick and carla bergman (2017). *Joyful Militancy: Building Thriving Resistance in Toxic Times*. Chico, CA: AK Press.
- Murphy, Michelle (2012). *Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience*. Durham, NC: Duke University Press.
- Nicholas, Lucy (2018). "Gender and Sexuality." *The Palgrave Handbook of Anarchism*. Ed. Carl Levy and Matthew S. Adams. London: Palgrave Macmillan, 603-21.
- Ordóñez, Vicente (2018). "Direct Action." *Anarchism: A Conceptual Approach*. Ed. Benjamin Franks, Nathan Jun, and Leonard Williams. New York: Routledge, 74-85.
- Pearce, Ruth (2018). *Understanding Trans Health: Discourse, Power and Possibility*. Bristol: Policy Press.
- Potorti, Mary (2017). "'Feeding the Revolution': The Black Panther Party, Hunger, and Community Survival." *Journal of African American Studies* 21.1: 85-110.



- Price, Kimala (2020). "What Is Reproductive Justice? How Women of Color Activists Are Redefining the Pro-Choice Paradigm." *Meridians* 19.S1: 340-62.
- Raha, Nat (2021). "Embodying Autonomous Trans Health Care in Zines." *TSQ: Transgender Studies Quarterly* 8.2: 188-98.
- Red PutaLesboNeraTransFemminista (2010). "Manifesto Per Una Insurrezione TransFemminista." *Femminismo A Sud*. <https://femminismo-a-sud.noblogs.org/post/2010/01/07/manifesto-per-una-insurrezione-transfemminista/>. [accessed 8 Dec. 2022]
- Reich, Pauline C. and Atsuko Fukuda (1976). "Japan's Literary Feminists: The 'Seito' Group." *Signs* 2.1: 280-91.
- Rocha, James and Mona Rocha (2019). "Love, Sex, and Social Justice: The Anarcha-Feminist Free Love Debate." *Anarchist Studies* 27.1: 63-82.
- Rogue, J. (2012). "De-Essentializing Anarchist Feminism: Lessons from the Transfeminist Movement." *Queering Anarchism: Addressing and Undressing Power and Desire*. Ed. C. B. Daring, J. Rogue, Deric Shannon, and Abbey Volcano. Oakland, CA: AK Press, 25-32.
- Rogue, J. and Abbey Volcano (2012). "Insurrection at the Intersections: Feminism, Intersectionality, and Anarchism." *Quiet Rumours: An Anarcha-Feminist Reader*. Ed. Dark Star Collective. Oakland, CA: AK Press, 43-46.
- Romanelli, Meghan and Michael A. Lindsey (2020). "Patterns of Healthcare Discrimination Among Transgender Help-Seekers." *American Journal of Preventive Medicine* 58.4: e123-31.
- Ross, Loretta and Rickie Solinger (2017). *Reproductive Justice: An Introduction*. Oakland, CA: University of California Press.
- Rummler, Orion (2023). "Health care for transgender adults becomes new target in 2023 legislative session." *The 19th News*: <https://19thnews.org/2023/01/trans-health-care-bills-2023-legislative-session-lgbtq/>. [accessed 24 Feb. 2023]
- Ruth, Barbara (2009). "DYKETACTICS! Electrifying the Imaginations of the Gay and Women's Communities." *Smash the Church, Smash the State! The Early Years of Gay Liberation*. Ed. Tommi Avicolti Mecca. San Francisco: City Lights Books, 137-46.
- Saornil, Lucía Sánchez (2004 [1935]). "The Question of Feminism." *Anarchism: A Documentary History of Libertarian Ideas: From Anarchy to Anarchism (300 CE to 1939)*. Ed. Robert Graham. Trans. Paul Sharkey. Montreal: Black Rose Books, 460-465.
- Sethna, Christabelle and Marion Doull (2013). "Spatial Disparities and Travel to Freestanding Abortion Clinics in Canada." *Women's Studies International Forum* 38 (May): 52-62.
- Shepard, Benjamin (2005). "The Use of Joyfulness as a Community Organizing Strategy." *Peace & Change* 30.4: 435-68.



- (2013). “From Community Organization to Direct Services: The Street Trans Action Revolutionaries to Sylvia Rivera Law Project.” *Journal of Social Service Research* 39.1: 95-114.
- Smith, Christopher B. R. (2012). “Harm Reduction as Anarchist Practice: A User’s Guide to Capitalism and Addiction in North America.” *Critical Public Health* 22.2: 209-21.
- Smith, Jordan (2019). “Millions of Women Already Live in a Post-Roe America: A Journey Through the Anti-Abortion South.” *The Intercept*: <https://theintercept.com/2019/01/18/abortion-roe-v-wade-reproductive-rights/>. [accessed 17 Dec. 2022]
- Smith, Nat and Eric A. Stanley (2011). *Captive Genders: Trans Embodiment and the Prison Industrial Complex*. Oakland, CA: AK Press.
- Song, Shaopeng (2022). “He-Yin Zhen’s ‘Revolution in Women’s World’: Anarchist Theories of Women’s Liberation.” *Chinese Modernity and Socialist Feminist Theory*, Ed. & trans. Sharon R. Wesoky. New York: Routledge, 15-40.
- Spade, Dean (2006 [2000]). “Mutilating Gender.” *The Transgender Studies Reader*. Ed. Susan Stryker and Stephen Whittle. New York: Routledge, 315-32.
- (2020). “Solidarity Not Charity: Mutual Aid for Mobilization and Survival.” *Social Text* 38.1: 131-51.
- Third World Gay Liberation (2010 [1971]). “What We Want, What We Believe.” *Takin’ It to the Streets: A Sixties Reader*. Ed. Alexander Bloom and Wini Breines. 3rd ed. New York: Oxford University Press, 600-04.
- Thorburn, Elise D. (2017). “Cyborg Witches: Class Composition and Social Reproduction in the GynePunk Collective.” *Feminist Media Studies* 17.2: 153-67.
- Tikkanen, Roosa, Munira Z. Gunja, Molly FitzGerald, and Laurie Zephyrin (2020). “Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries.” *Issue Briefs*. Commonwealth Fund. <https://doi.org/10.26099/411v-9255>
- Trans Legislation Tracker (2023). “Tracking the rise of anti-trans bills in the U.S.” *Trans Legislation Tracker*: <https://translegislation.com/learn>. [accessed 24 Feb. 2023]
- Van Meter, Kevin (2012). “To Care Is to Struggle.” *Perspectives on Anarchist Theory* 14.1: 43-59.
- Wilkinson, Annie (2017). “Latin America’s Gender Ideology Explosion.” *Anthropology News* 58.2: e233-37.
- Williams, Dana M. (2018). “Tactics: Conceptions of Social Change, Revolution, and Anarchist Organisation.” *The Palgrave Handbook of Anarchism*. Ed. Carl Levy and Matthew S. Adams. London: Palgrave Macmillan, 107-24.
- World Health Organization (2019). “Maternal Mortality.” *World Health Organization*: <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>. [accessed 1 Jun. 2022]
- Worley, Jennifer (2011). “‘Street Power’ and the Claiming of Public Space: San Francisco’s ‘Vanguard’ and Pre-Stonewall Queer Radicalism.” *Captive Genders*:



Trans Embodiment and the Prison Industrial Complex. Ed. Nat Smith and Eric A. Stanley. Oakland, CA: AK Press, 41-56.

Zarrow, Peter (1988). "He Zhen and Anarcho-Feminism in China." *The Journal of Asian Studies* 47.4: 796-813.

Zibechi, Raúl (2019). "The Decolonising Zapatista Revolution." *Power, Empowerment and Social Change*. Ed. Rosemary McGee and Jethro Pettit. London: Routledge, 199-212.