

Tanya Domi:

Hello, this is Tanya Domi. Welcome to The Thought Project recorded at the CUNY Graduate Center. In this space, we talk with faculty and doctoral students about the big thinking and big ideas generating groundbreaking research, assisting New Yorkers and informing the world.

In the run-up to the Supreme Court ruling in 2022 that overturned Roe v. Wade, Republican controlled legislatures throughout the United States saw the passage of state level bills effectively banning abortion at pre viability gestational ages, undermining the right to abortion once protected by Roe v. Wade. At that time, many advocates for legal abortion said that abortion medication pills sent via the US mail was the backup plan. As feared, last week, Federal Court Judge Matthew Kacsmaryk, ruled in favor of the lawsuit brought by Antiabortion groups and doctors in Texas against the US Food and Drug Administration, which aims to end more than 20 years of government-approved mifepristone, one of the two drugs used in medication abortions long considered to be safe by the FDA. This case is likely to end up in the Supreme Court, which has a conservative majority.

Joining us today to discuss the case and abortion medication is Dr. Brenna McCaffrey, an alumna of the graduate center whose research explores the interaction of medical technologies, feminist activism, and biomedicine within the fields of sexual and reproductive health. She is currently writing a book on the history and cultural impact of abortion pills on global reproductive politics. She holds a PhD in anthropology from the CUNY Graduate Center.

Welcome back to the Thought Project, Dr. Brenna McCaffrey.

Brenna McCaffrey:

Thank you for having me.

Tanya Domi:

Well, it is good to see you. Unfortunately, we return to talk again about abortion, but this time we're in post Roe America with Texas being ground zero really as one of the most difficult, if not completely black state for women to have access to abortion. I want you to talk about that. So now we have this case in front of a federal judge in Amarillo, Texas, brought by antiabortion activists that are proposing the ban of abortion medication. This judge, Judge Kacsmaryk, is known as an activist who is very anti-abortion, and his sister was quoted in this Washington Post profile saying, "Yes, of course we oppose abortion" and that she was glad he was in the position that he was in.

We are now facing not only post-Roe America where there's different situations state by state where women can have less or more access, but the possibility that abortion medication could be struck down by this judge in Amarillo for the whole country. And there's no precedent for this in FDA history. So Dr. McCaffrey, you're actually an expert on abortion medication, but this situation in general feels like every door is closing around the country being driven from an ideological perspective and has nothing to do with science or medical care.

Brenna McCaffrey:

That's absolutely right. And the situation that we're in right now, as of April 2023, we are seeing abortion completely banned around 13 US states. And more than half of US states have some severe restriction, including gestational bans that go from six weeks that is essentially a full ban up to 15 weeks. Which sounds generous, but when you look at access in the United States, especially financial access, and now the geographic access the people are having to face, some people having to cross four state

borders to get to the nearest state where they can access abortion at the gestational age they need to, those bands become very restrictive.

And so the situation we're in is certainly one where the need for medication abortion being used outside of the healthcare system is certainly growing exorbitantly. And then it's also a place where the use of it within the healthcare system is more and more important because it is a form of abortion access that requires less labor on the part of clinic workers and doctors. It requires less travel because in many states it is still available to access through telemedicine and by putting it through the mail. And that's another part of what this court case is trying to challenge, which is the FDA's decision in this past January to loosen restrictions on mailing abortion pills through the mail.

Tanya Domi:

Yes, in Texas actually banned the mailing of pills. Is that correct? I think in Texas. And other states have also passed laws to ban mailing. How can they ban a federal function? That's very interesting to me how a state could ban US mail delivery to anyone. I don't understand that jurisdiction.

Brenna McCaffrey:

If you can believe it, the organization that's bringing this case is referencing all the way back to the Comstock laws, 1873 laws that originally banned all sorts of things from pornography to contraception. They are asking the judge to also consider is our ability to mail medication through the mail, medication used for abortion purposes in violation of that act, the act that does not currently get invoked for really any other reason. So it is really taking us backwards in terms of our legal as well as social outlook on this question.

Tanya Domi:

So not only that, I wanted to also ask you about the fact that they're shutting down all these avenues for people to be able to get access, and the FDA itself has a very rigorous requirement imposed upon them by Congress that when you remove a drug from public access, you have to go through a series of hearings and you have to have a full discussion about it. This case could actually impose and interrupt standard procedures that have been provided for.

Brenna McCaffrey:

Absolutely. I think also before we dive into the FDA, it might be useful to briefly map out the history of this pill in the United States and this pill and its function in medicine and in access. Right now, I think we're talking so much about abortion pills and it is important for people to kind of understand the difference between the pills we're talking about here and which one is being targeted.

So when we're talking about abortion pills generally in abortion by medication, we're often talking about the combination regimen of mifepristone, which is a drug that was invented in the 1970s in France explicitly for the purpose of causing abortions as a very explicitly political drug. And that is a drug that took decades to be approved in the United States after years of fighting and pushing from different collaborations between political groups and activist groups. So the FDA approved that in the year 2000.

The other medication we're talking about is misoprostol, which has been around for a little bit longer and has a little bit of a wider reach within medicine because it's used for other purposes, including treating gastric ulcers and treating some things related to postpartum care. So it's a little more accessible. And this is something that kind of entered abortion access accidentally as women in Brazil and Latin America in the '80s and '90s sort of discovered its uses to cause abortion because of the black

box label on the medication that was being sold over the counter as an ulcer drug. So right now, the official medical recommendations for abortion by medication starts with a dose of mifepristone, which helps to end the pregnancy and is followed up by misoprostol, which helps to cause uterine contractions to expel that pregnancy.

So what is at target with this case is the mifepristone. What I think is interesting about that is that it is the one that was explicitly political to begin with. It was the drug that was created to be an abortion drug and it was the one that has always been under fight in the US. And so misoprostol has kind of gone under the radar in all of this. So I think when we talk more about the outcome of this case, as I assume we'll get to, but when we think about what is the outcome, the questions about misoprostol are kind of still questions because people haven't thought as much about it.

And so the FDA approval of mifepristone when it eventually came in the year 2000, partially, the other difficulty there was to get a pharmaceutical company that would be willing to produce it given the political controversy. And it was approved under a subpart of the FDA's approval process called Subpart H, which specifically is for drugs that have been studied for serious or life-threatening illnesses. And this is one of the reasons that the plaintiff, in this case, the Alliance for Hippocratic Medicine, is taking issue with the fact that pregnancy they say is not an illness and therefore should not be subject to this Subpart of a review that is kind of hurried along a little bit faster because it's something that's needed for an emergent life-threatening illness.

Tanya Domi:

Right. Right.

Brenna McCaffrey:

And the reason they use this then was because it had been being fought for a decade and people were tired of it and they wanted to get this through. So that is the history of its approval, and that is the drug that they're specifically taking target out with this case.

Tanya Domi:

So they're taking target in this case that this is a combination of drugs that are combined. Is that correct? Those are combined. They're administered together. One that-

Brenna McCaffrey:

They're typically administered one after another, but they're-

Tanya Domi:

[inaudible 00:11:21] other.

Brenna McCaffrey:

... separate pills.

Tanya Domi:

Right, separate pills. But not only did you share with our audience the first drug was approved in 2000, but there's been no indication on review, the drug, over these past more than 20 years that it's unsafe. As a matter of fact, the FDA has said that this is a very safe drug. What about that from that aspect?

Brenna McCaffrey:

It's really just more proof that this is the target of this extreme political fight, and this pill is kind of becoming the battleground and the nexus of all of these questions. Because even back to 2000 when this was approved, even though it was approved under a review process that helped it get through a little bit quicker, that approval came with REMS warning, which is a risk and mitigation strategy, which are some restrictions that the FDA can put on medications that are deemed to be extremely dangerous. So in the case of mifepristone, this meant that pharmacies could not dispense it, that pharmacies had to get specific approval to order and dispense that drug. So not any pharmacy could fill that prescription. It meant that doctors, not every single doctor with an MD could prescribe it, but only doctors who had gone through specific training to prescribe it could do so. So it put extreme restrictions on it from the get-go there as well.

And so it's always been a drug that's been targeted despite all the evidence. And the evidence we know from medicine is that is extremely safe. More people die each year. In fact, a lot more people die each year from using Viagra, from using over-the-counter Tylenol, which is something we allow anyone to buy at your local Walgreens.

Tanya Domi:

Right. Right.

Brenna McCaffrey:

And so yeah, the medical evidence is really in favor of the fact that the FDA approval process was not lacking. In fact, they did have a government body, the government accountability office reviewed this process in 2008 and concluded that the approval of mifepristone was done correctly and that there were no issues with that process. And so this is really just them trying to find anything to come at. And I think this is kind of proven, I pulled a quote from what one of the activists involved in this said, "The organization that are involved in bringing this lawsuit, people are saying, this is obviously a blatant attempt at restricting abortion, they claim the goal is to protect women, to protect girls from this dangerous drug in the face of all the evidence to the contrary."

And so this is, if we zoom out from abortion, a little bit of the post-truth era questions in our broader politics, which is in the face of very clear evidence, evidence-based policy, not only in the US but around the world, the World Health Organization has actually very liberal guidelines for how this drug should be used globally. And despite all of that, they can make these claims that it's extremely dangerous, that people are dropping dead from it that are completely false.

Tanya Domi:

Well, this is consistent with all their tactics. I would just say that it's no mistake, is it not, that this case was brought in Amarillo with this judge. They call it kind of a judge shopping, so to speak to find the right court to bring an action that could affect the entire country. His mother wouldn't talk to the Washington Post. Only his sister would talk to the Washington Post. He's an activist. He has been part of these organizations that have been antiabortion for a long time. Would this not be beyond the right-wing's, greatest accomplishments if he were able to issue this order to deny this medication? And then it would be appealed to the Fifth Circuit, which is one of the most conservative circuits in the country. And then we know it would go to the Supreme Court.

Brenna McCaffrey:

Yeah. And I think all of this is proving the success of the pro-life strategy that they have moved to in the past, honestly, 20, 30 years, which is when the culture war wasn't working, they targeted the courts. That's why we ended up with a court that was willing to overturn Roe last year. And so we look even at these district court levels, the appointment of Judge Kacsmaryk, which was in 2017, he was appointed by Trump. As you mentioned, well known for his involvement in far with politics, extremely outspoken against LGBTQ rights, has made extremely hateful claims around transgender people.

Tanya Domi:

He ruled against the Biden administration on a trans-related issue. So he's already brought damage already.

Brenna McCaffrey:

Absolutely. And has a history of targeting reproductive rights as well, of course. So as part of this larger movement to essentially stack the courts, and that's been kind of uncovered as a deliberate strategy of the pro-life movement in the last few decades. And Kacsmaryk also is extremely aware that this is a political move to bring this case in his court. As you mentioned, the process of court shopping or judge shopping is increasingly happening with these kinds of cases that are not really attempts at legislating, but are attempts at bringing things to higher and higher courts. And so Texas is obviously a place, as we've talked about, that is a good place to test these things. So Kacsmaryk tried to prevent the public announcement that these hearings were going to take place a few weeks ago on March 15th. When they heard the initial arguments, he made requests of his staff and the court to not publicly announce that these were happening. So he knows this is a political arena and he knows that he has a specific role to play in playing this out.

Tanya Domi:

So you mentioned that 13 states have already banned in some form or another, some aspect to abortion access. But this seemed to begin in real earnest at the end of 2021. And as you alluded to, this has been the right-wing strategy. So Trump really delivered for them for the right-wing.

Brenna McCaffrey:

Exactly.

Tanya Domi:

And that in 2021, you saw a number of state level bills effectively banning abortion that were "pre-viability," gestational, undermining the right to abortion before the Roe decision. So this has been a calculated strategy carefully carried out, and Trump gave them the greatest Supreme Court makeup to deliver the final knockout on Roe. You actually, when you were in graduate school at the CUNY Graduate Center, you did your research on the movement in Ireland to legalize abortion after more than a hundred years of it being banned. A woman that helped there to get abortion medication to women in Ireland was Dr. Rebecca Gomperts, who actually had a ship parked in international water so that women could get this medication. Could you envision this is a possibility in the Gulf that Rebecca Gomperts could bring a ship into the Gulf off of the Texas to make abortion medication available? I'm gob smacked by this idea.

Brenna McCaffrey:

So yeah, the process you're referring to is part of Women on Waves, which was the original organization.

Tanya Domi:

Yes, right.

Brenna McCaffrey:

Which was founded in the early 2000s. And Dr. Rebecca Gomperts, who's a Dutch physician who founded the organization, Women on Waves in the early 2000s, and as you mentioned, the idea was to take a ship outfitted as a gynecological clinic out into international waters, away from places like Ireland, places like Morocco where abortion was illegal, picking up patients, taking them out into international waters where there would be no restrictions on abortion and helping to provide them that way. This was obviously an extremely effective strategy in terms of media and communications. It brought a lot of attention to the issue. It's one of those protest strategies that I've written about that is very kind of flashy and gets people talking.

But after a few years, they did realize that it was not a practical way of getting people access to abortion directly. So in 2005, the organization switched from being Women on Waves to being Women on Web, which has been running ever since. They run an online website where people can submit a consultation with the doctor basically through a form on the website. And officially, Dr. Gomperts writes the prescription for every single person around the world who requests pills through Women on Web.

Tanya Domi:

Wow.

Brenna McCaffrey:

She has a couple doctors helping her now. But essentially, she writes the prescription, her staff writes the prescription. They send the prescription to pharmacy in India, and then those pills are shipped from India to wherever. So Women on Web had been doing that for a very long time as a way to help people. So that kind of started the attention to mailing pills. That was one of the first major-

Tanya Domi:

Efforts.

Brenna McCaffrey:

... [Inaudible 00:21:17] ways people were doing that.

Tanya Domi:

I just wanted to say for our audience, maybe people don't know, but India really is the pharmacy to the developed world and they are able to produce medications very cheaply, just so our audience knows that.

Brenna McCaffrey:

Mm-hmm. They have a lot of access to cheaper generic drugs than we do as well, yeah. And so after the first few bills in Texas started restricting abortion, six weeks, Gomperts started a US arm of Women on

Web. It's called aidaccess.org. It's essentially the same thing. People can submit through a form on the website, a consultation, and can get mailed those pills. They are currently for anyone in the United States also providing advanced provision of the pills. So you do not have to be pregnant to request them and you do not have to be in a state that has a ban to request them. So if you are sitting here in New York State, which is fairly protective of abortion rights, you can order them to have on hand to help someone else to help yourself in the future.

And so that has been their strategy. The FDA put out a warning letter to Gomperts and Aid Access in, I believe it was 2019. Fairly recently. And so if you Google Aid Access, that's like the third result is the FDA warning letter saying all the laws that she is breaking. But she has not stopped. They're still doing it. The access to abortion pills in many parts of the US is primarily through the service at this point.

Tanya Domi:

That should be a news story. More people should know about that. Maybe you could provide the web address to us and we can actually drop it into the text of our podcast. Thank you so much for sharing that information. Do you have any ideas? I don't know if you're talking to any advocacy groups, like different advocacy groups on behalf of women to get access. I think everybody is just scrambling right now, just trying to help people get access. But what about the more long-term strategy? What are your thoughts about that?

Brenna McCaffrey:

Yeah, I think that's the very interesting thing right now that's happening in the US abortion activist and pro-choice activist network, is the strategy is a question mark. The strategy right now is completely defensive, reactionary to whatever's happening to help those who are most affected, most marginalized in the immediate moment. And so it's really hard right now to actually look far beyond that. But we do know there are organizations who have been for a long time, for example, one of them is called Plan C, which advocates for abortion pills as plan C. If your plan B doesn't work to prevent pregnancy, then you move on to plan C. So they've been advocating for increased access to abortion pills, both within and outside of the formal healthcare system for about a decade. And they've been strategizing around that.

So now that COVID kind of hasten this process, but it was already moving in this direction, over 50% of abortions in the US are happening through medication. So that was shifting already. COVID and the telemedicine rise really pushed it even further. And now we're seeing all these random startups popping up, different telehealth services that are working to fill gaps in provision in states where they can still mail pills to people. It's a bit of a patchwork quilt of access as well as a grab bag of strategies at this moment. I think that's the interesting thing. One of the questions people are asking a lot is, if this court case wins and mifepristone is removed from the US market, what's going to happen? What's the actual impact of that? And so many suggest, well, luckily mifepristone plus misoprostol is a preferred regimen, but misoprostol alone can cause abortion. Mifepristone alone, it's a very low effectiveness rate to cause abortion. Misoprostol alone, slightly less effective than the combo regimen, but still quite effective.

So we're talking about 98 to 99% effective with the combo regimen. And then when used perfectly, misoprostol only, around 93%. There's slightly different numbers that go around depending on how they're calculating this and it's perfect use or real use. But slightly less effective, but still effective. And we know it's accessible because it's already running around our healthcare system being used in hospital OB wards, for example.

And so the question for activists is, do we allow ourselves to concede to losing mifepristone and say, "Well, it's okay because nobody worry. We can advocate for, we spread information about misoprostol-

only abortion, that it is safe. The World Health Organization recommends that both regimens, both a combo regimen and a misoprostol-only regimen are safe and effective. And we also have evidence from global health research that it is likely that globally misoprostol-only abortions are likely more common than the combination regimen because of the consistent political fights against mifepristone in other countries."

And so there's a lot of debates both within activism and within medicine as to how to react if this passes and if we make this shift to having only one of the abortion pills. And it seems so minor, but it will have very far-reaching domino effect impacts. For example, I'm sitting here in New York state, which has very protective abortion laws. Last year, the governor put in some additional protections.

Tanya Domi:

Right. And [inaudible 00:27:07]. Finally. Yes.

Brenna McCaffrey:

Right. So in New York State, they put some protections for providers and patients from other states. They can't be prosecuted by other states if they come to New York. So we live in a fairly protective state. Most people would think, "Well, this doesn't impact me," but we lose mifepristone, we know that means that first of all, people are going to hear this story and they're already hearing this story. And misinformation is rampant. And so people, especially young people, vulnerable people are just thinking, "Well, abortion is legal. I don't have an option" without even really understanding what the situation is because there's so many news stories going around. So it's creating confusion that's restricting access. It's also going to put a strain on the in-clinic procedural abortions, which as I mentioned earlier, means more time, more labor for the clinics which are already stressed because they're taking in patients from-

Tanya Domi:

Other place, yeah.

Brenna McCaffrey:

... Ohio.

Tanya Domi:

Right. Right. Right.

Brenna McCaffrey:

So all of this means people in New York and people who need to get access in New York, despite it being a state with no restrictions, it's going to be harder. It's already harder. And if we lose another route of access, it's going to be even harder and we're going to contribute to this just confusing situation where so many people just don't know what's going on. Last time I was on the show, we talked about my TikTok account where I spread some information about this. That's what I'm seeing more and more as people comment and ask questions is, they live in a state where they heard a bill was suggested, the bill hadn't even passed, but they thought they had no access to abortion. And then they wait. They delay accessing abortion. It gets more expensive with each week. And with each week, the states you can travel to access it gets smaller and smaller and smaller.

Tanya Domi:

Decreased. Decreased, right.

Brenna McCaffrey:

So you have people who could have had a \$500 medication abortion at nine weeks having to go for \$20,000 procedures a couple weeks later.

Tanya Domi:

Surgical procedures that are very invasive. I want to bring this up to you as well. Interesting that a group of Jewish women in Florida have filed a lawsuit against the governor on denial of access to abortion based upon religious discrimination, because within Judaism, the health of the mother is paramount. And so the rabbinical community has always supported abortion for women. So they have brought this lawsuit, and I don't know where it's at now, but that will be something to watch because then they're arguing it's religious discrimination.

Brenna McCaffrey:

Mm-hmm. I've heard the same about Islam as well, that it is very favorable to abortion especially if it's restricted, threatening the life of the pregnant person. I think what's interesting about that, there's also a case brought recently in Texas from people who had later term abortions or needed access to medical care that is technically abortion, but is really miscarriage care from wanted pregnancies that went wrong for whatever reason. And they're bringing a case against the state that they were being denied medical care during pregnancy. This wasn't about abortion, but because abortion was being threatened, all gynecological and obstetric care was being threatened. I think what's interesting about the religious claims, like the one you mentioned, and that claim is that they are sort of playing on the conservative politics of your threatening religious freedom, your threatening mothers and families. And so it's interesting the way people are strategically playing into those games.

Tanya Domi:

[inaudible 00:31:05].

Brenna McCaffrey:

But they don't care is the thing.

Tanya Domi:

Right.

Brenna McCaffrey:

The pro-life movement-

Tanya Domi:

Doesn't care. Right.

Brenna McCaffrey:

... does not care.

Tanya Domi:

Now, isn't the lawsuit in Texas, it was filed by women that had actually terrible health outcomes as a consequence of being denied care. And in a number of cases, they've lost their ability to have children?

Brenna McCaffrey:

Mm-hmm.

Tanya Domi:

Yeah, I saw a couple of those people that filed that lawsuit on MSNBC one night. It was very emotional because they nearly died. You wrote your dissertation on Ireland. We know that the Catholic church really controlled all policies with respect to Irish women's access to abortion, but the church really went into disfavor with the broader public for a number of reasons that don't have anything to do with abortion. How does that inform your thinking now about this situation that we're in? Because we're talking about a really onerous regime here. I mean, it's an ideological one that has really been spread throughout the country. And like you said, we're more fortunate here in New York and maybe in the blue states like Illinois and New England and on the west coast. But everything in between is really rot with peril.

Brenna McCaffrey:

Yeah, there's a lot of interesting parallels when looking to Ireland. And I think as we're really settling into this post Roe year, what's becoming obvious to me are the very clear differences as well. It's always been hard to compare Ireland to the US simply because of size, demographic makeup. But when we look at even the pro-life movement and strategies, even though the US pro-life movement financially and strategically supported the Irish pro-life movement, they never really went after criminalizing women, criminalizing doctors, really wanting to punish people. It always kept a little bit softer. And that can be dangerous in its own, but we are seeing sort of the extremes of the fight on legal grounds that didn't happen quite as much in Ireland because there was a ban on any laws about abortions. So there weren't any laws. So it just wasn't happening at the legislative level really as much because it was a constitutional question. And then once they removed the constitutional ban on abortion, then legislation could come in.

And so I think it's very different in that way. And then when I look increasingly kind of demographically, the way that race plays into these conversations in the US, the way that class and inequality play into these conversations becomes even more stark, where we are very clearly seeing the people most impacted by all of these bands, our people of color, our minors, our poor people, our trans people. So we just have unique conditions in the US that sometimes makes it hard to compare. But I will say the biggest and easiest comparison that we can make is the strategic use of abortion pills by activists. I think US activists were directly looking at what people were doing in Ireland and are already mimicking some of those strategies. But they're a little harder to mimic in a giant country, and so-

Tanya Domi:

Of course. Of course.

Brenna McCaffrey:

... that's what's happening.

Tanya Domi:

I understand. So before we end this, I do want to ask you, and we're a little off the continent actually, is that we know what happened in Poland. Poland banned abortion, always this family and justice political party, very right-wing. But now there is a war next door. And in Ukraine, the use of rape by the Russians to target Ukrainian women's bodies is not only been clearly documented, it is gone to a level that I've never seen before in my own research on conflict related sexual violence.

So we now know that the United Nations has identified that Russian soldiers have been issued Viagra for the express purposes of raping women. So therefore, these women, when they get out of Ukraine and they maybe get to Poland, which is the closest country, they don't have access to abortion. Now, what's interesting is that Lithuania was providing medication, but the United States can't. Based on the Hyde Amendment, we can't intervene through USAID. Have you thought about that situation at all? Just how difficult that is for these women who have been really, the numbers and the documentation is the most ever of a war in our history, in the history of the world actually.

Brenna McCaffrey:

Wow, okay. A lot of this is new to me. I know this is your world area, so I'm trying to follow.

Tanya Domi:

Yes. Sure. Sure.

Brenna McCaffrey:

But what that actually made me think of, that's very frightening statistics. But as you mentioned, the Hyde Amendment and the global gag rule is sort of restricting our ability to help in a way that we, hypothetically, American politics and morals would say, helping women who are raped by someone we are currently an enemy to, would be something we'd want to do. Reminds me a lot of a story that came out in the early Trump administration. I think it was around 2016 or 2017, there was a minor who crossed the border into the US, the Mexican border into the US, found out she was pregnant when she was in detention and was requesting an abortion.

Tanya Domi:

I remember this case, yeah.

Brenna McCaffrey:

Yeah. So the thing was, while Trump and the right-wing are talking about immigration taking over and all of these immigrants replacing Americans and really against the reproduction of this population of people, at the same time, they were trying to protect the unborn life of this fetus, of this migrant minor. And so it's the competing logics of right-wing agenda, kind of getting all caught up in our other political agendas. You find themselves, and a lot of people say, "Well, they're just going against their own interests," but it's really if we pull out all the strands of it, it's a lot more complicated. And they did eventually let her get her abortion, but they really fought it. And they really fought it on the principle that the US cannot be providing abortions to immigrants across the border, because then more will come to access abortion here.

Tanya Domi:

Right.

Brenna McCaffrey:

But also we're at the same time making the claim that we need to protect unborn life. The state has an interest in protecting the unborn, so it gets messy.

Tanya Domi:

It sure does. And I do recall, if we're talking about the same case, that the person. The Trump person running that facility went out of his way to deny her access. Somehow she got legal representation and was able to get an abortion. We live in really horrible times of all kinds of oppression and denial. And it seems that the targeting of women's bodies and LGBT seem to go hand in hand quite a bit these days, and especially anything to do with bodily integrity and autonomy. So do you have anything else that you'd like to talk about before we go? Is there anything else that you might want to address?

Brenna McCaffrey:

Sure. I'd just like to say as we're following this case, I think, as I mentioned, what's really important is, as much as it's confusing as all of these stories come through, is to really keep an eye on what's happening and understand what the immediate impact is going to be, especially locally and within your own community. So, as I mentioned, in New York or in more protected states, hopefully not, but if you hear that this case goes through and mifepristone is no longer accessible in the US, you might think, "Okay, that's horrible for Texas, but what is that going to impact me?" I think it's time for all of us to understand how intertwine all of this is and that no one is immune at this point. If they can overturn Roe, if they can attempt to overturn an FDA decision that is supported by two decades of medical science and medical practice, the-

Tanya Domi:

They can do anything.

Brenna McCaffrey:

... possibilities are endless.

Tanya Domi:

And then maybe Dr. McCaffrey, that will be the time that there needs to be a major summit in the country. That might be the moment that everybody needs to come together to talk about what can be done. We live in interesting times, terrible times. I want to thank you so much for coming back to The Thought Project and sharing your expertise and observations. And we wish you well on the job hunt.

Brenna McCaffrey:

Thank you so much.

Tanya Domi:

Thanks for tuning into The Thought Project. And thanks to our guest, Dr. Brenna McCaffrey, a 2022 alumni of the CUNY Graduate Center.

The Thought Project is brought to you with production, engineering, and technical assistance by audio engineer Kevin Wolfe and CUNY TV. I'm Tanya Domi. Tune in next week.