"Glitching" the "Regime-made Disaster": How Self-Managed Abortion Enacts Collective Resistance to the U.S. Abortion Infrastructure.

Jeanine Ros (497162)

Engaging Public Issues, Erasmus University Rotterdam

FSWS576: Master's Thesis

Rogier van Reekum

22 June 2025

Abstract

This thesis explores how reproductive freedom is constrained and contested in the United States (U.S.), drawing on a relational and materialist conception of autonomy which challenges dominant notions of "choice". Through feminist and critical theoretical frameworks, including the “Regime-made Disaster” (Azoulay) and “Glitch Feminism” (Russell), the thesis frames self-managed abortion as both a survival strategy and a political act of resistance. Analysing 1296 evaluations submitted to Aid Access, an online abortion provider in the U.S., the work reveals how abortion is situated at the intersection of race, class, gender, and state power. I explore, through the lens of the “glitch”, how Aid Access emerges not just as a service, but as a form of infrastructural disobedience, disrupting a “Regime-made Disaster” that aims to limit reproductive autonomy. The thesis emphasizes the importance of centring lived experiences and informal care networks, arguing for a more expansive understanding of reproductive freedom as a collective and structural issue.

Keywords: Abortion, Aid Access, Donald Trump, Reproductive Rights, Roe v. Wade.

Table of Contents

Introduction

A package arrives at *Jane's* front door in September 2024. She smiles and feels the cold sweat on her back settle into warm relief. Having crossed state lines, addressed to a name that isn't quite hers, arriving in a town where abortion is not a right, but a risk. Inside, 13 pills with instructions on how to self-administer choice over her own body rattle like a maraca in her hand. Only one week prior, *Jane* had searched the web for "what to expect if you're expecting, but you don't want to keep it, and you live in Texas". A few clicks later, she found an organisation called Aid Access, recommended by a few Reddit members under the thread *r/abortion*. Testing her luck, *Jane* typed *www.aidaccess.org* into the search bar, hit enter, filled out the online abortion consultation, and twelve hours later, her order was filled out. The package was on its way, and peace was somewhat restored.

The protagonist of this thesis, *Jane*, tells a story that speaks for thousands of people in the United States of America (henceforth referred to as the U.S.) who seek or have sought alternative methods to abortions than what the U.S. healthcare system provides. The decision to name the protagonist *Jane* is a symbolic gesture that situates the character within a longstanding history of reproductive resistance, anonymity, and collective care. *Jane Roe* was the pseudonym used by Norma McCorvey in the 1973 Supreme Court case *Roe v. Wade*, which provided federal protection for abortion access from 1973 to 2022 (Kurtzleben, 2022). Additionally, *Jane* references the *Jane Collective*– a feminist activist group in Chicago who, in the late 1960s and early 1970s, facilitated over 11,000 safe abortions before the practice was legalized by *Roe v. Wade* (Hey Jane, 2021). Operating under the simple moniker "Call Jane," the Collective enacted direct care to women who called their hotline in need of an abortion. While the narrative presents *Jane* as an individual navigating post-*Roe v. Wade* reality, her

name serves as an invocation of those who have come before her, and those who will undoubtedly follow. Composed of excerpts from the material analysed in this thesis, *Jane's* story serves to illustrate and contextualize the structural barriers inherent in the current U.S. abortion infrastructure.

For *Jane*, as for thousands of people in the U.S., services like Aid Access are not the last resort, but the only option. Since 2018, Aid Access has offered what is known as self-managed abortion: an approach in which people can order medication (also known as abortion pills) that safely terminates an early pregnancy or choose to keep the medication for potential future use (World Health Organization, 2024). The organisation was founded by Dutch physician and abortion advocate Dr. Rebecca Gomperts (Aid Access, 2025). It is her third organisation, following the initiation of Women on Waves in 1999 and Women on Web in 2005. Women on Waves is a nonprofit organization providing abortion services by boat, sailing to international waters near countries where abortion is illegal (Women on Waves, 2025). In international waters, the ship operates under Dutch law, allowing Gomperts and her medical team to offer legal abortion services and raise awareness about reproductive rights. This is done on a campaign-basis, having completed successful trips to Ireland in 2001, Argentina in 2004, and Morocco in 2012, to name a few (Women on Waves, 2023). Women on Web built on the legal circumvention of international waters as a grey area by offering self-managed abortion using abortion pills through online consultations— the 'web' referring to the World Wide Web—with the abortion pills delivered by post from registered pharmacies (Women on Web, 2025). Women on Web, however, does not ship to the U.S., and Aid Access was founded specifically to address this gap in access (Khazan, 2018).

Abortion pills are safe, effective, and recommended by the World Health Organisation as an essential intervention in abortion care (World Health Organisation, 2024). It is "self" managed as there is no intervention necessary by the state, clinic, or doctor outside of Aid Access's help. Abortion pills, consisting of Mifepristone and Misoprostol, can safely be taken at home without surgical intervention (World Health Organisation, 2024). Anyone in the U.S. with access to the internet and a digital device can order abortion pills securely, receiving the pills in a discreet package via a licensed pharmacy within five days. The pills come with in-depth instructions via e-mail, and a helpdesk is available for assistance in English and in Spanish, offering services at a sliding scale based on what the person can pay (Aid Access. 2025). On average, 10,000 requests are processed per month via Aid Access, circumnavigating barriers that restrict or ban abortions in the U.S. (R. Gomperts, personal communication, February 4, 2025).

The U.S. has historically constructed its abortion infrastructure through rigid binaries such as legal/illegal and mother/criminal, resulting in a system characterized by exclusion and exception. Self-managed abortion, however, functions as a "glitch": a disruptive practice that both circumvents and exposes the binary logics that undergird the U.S. abortion system.

Abortion pills sent via post become the infrastructure of care that the states deny, creating a reality that shifts its focus from abortion as something to be debated in the Oval Office, to abortion as an everyday act of self-determination. In 2024, as the U.S. braced for a new presidential election, the Trump Administration redrew the lines of legality in darker, bolder ink. A recent example of Donald Trump's anti-abortionist ideology is disguised by the self-proclaimed "Fertility President", promoting a platform that echoes eugenicist population-control rhetoric under the slogan *Make Eugenics Great Again* (The Guardian, 2025). Amidst

the increased tension on reproductive freedom, Aid Access experienced an unprecedented surge in demand. On Election Day alone, the organization received as many requests as it typically handles over the course of an entire month (R. Gomperts, personal communication, February 4, 2025). Hearing this dramatic increase in numbers, I felt compelled to understand more about what this election meant for reproductive choice in the U.S. I turn to Aid Access not merely as a subject of study, but as a site where the personal and political fold into one another.

This thesis critically looks at 1296 evaluations of Aid Access from September to December of 2024 – the months before and after the election. My aim is to identify the "glitch" in the U.S. abortion infrastructure, seeking to uncover the path away from moral panic and legalistic entanglement toward the recognition of abortion as both essential and embedded in the fabric of everyday life. My core research question is: How does a critical reading of Aid Access evaluations expose a systemic "glitch" in the infrastructure of U.S. abortion governance?

Through a close reading "against the grain" (following Stoler, 2008) of Aid Access order evaluations, I argue that, beyond offering material support, Aid Access enacts a political intervention within the "Regime-made Disaster" (Azoulay, 2012) of the current U.S. abortion infrastructure. It disrupts the state's monopoly on (neglected) care and reveals abortion not as an aberration from life, but intrinsic to it. By critically engaging with Aid Access evaluations during a pivotal political moment of Trump's election on November 5th, 2024, this thesis explores how self-managed abortion resists and reconfigures dominant legal, moral, and medical frameworks.

Theoretical Framework

The Significance of Theorising Abortion

While Feminist scholars offer diverse perspectives on reproductive freedom, intersectional frameworks consistently emphasize that reproductive autonomy is foundational to genuine freedom (Amery, 2020, p. 36). In this context, freedom is understood as the absence of legal constraint and the presence of conditions that allow for self-determination, bodily autonomy, and full participation in social and political life (Amery, 2020, p. 36). This relational and materialist conception of freedom recognizes that autonomy is always shaped by structures of race, class, gender, sexuality, and ability (Roberts 1997, p. 10). Without the ability to decide if, when, and how to have children, individuals– including women, transgender, and non-binary people– are denied full agency and equality. Legal scholar Reva Siegel argues this further, that forced parenthood not only reinforces traditional gender roles but also perpetuates systemic sex-based inequalities (Franklin & Siegel, 2022, p. 18). "Being a mother is considered a woman's major social role", to quote a parallel conception by Dorothy Roberts (1997, p. 10). Reproductive freedom is a necessary condition for equality and justice for all those capable of pregnancy– one which requires a shift in responsibility from simply the individual choice to become a parent, to the collective which centres social justice (Roberts, 1997, p. 296).

A Break-Down of the U.S. Abortion Infrastructures

When, in August 2024, *Jane* discovered that she was pregnant, her local clinic had long been shut down and the nearest clinic was out of state. With no way of getting there, she still called, only to hear the voicemail that *"we no longer provide abortion services."* Her local doctor refused to help in fear of prosecution, and there was no negotiation for a referral. Her parents would have asked how she could consider something so "unforgivable", and she felt ashamed to ask her close friend for help. She realized she knew very little about abortions other

than the negative rhetoric she had learned about at school and the threats of online surveillance that lingered when searching for the information online (Jones, 2025). She did so anyway, knowing this would be the only way she could access abortion care on time, given the 13-week gestational limit for self-managed abortion (Aid Access, 2025).

History of Professional, Political, and Racialized Systems of Abortion Control

To understand this infrastructure is to view it as an assemblage of legal, medical, ethical, and moral systems that have evolved through a complex history of professional, political, and racialized systems of control. This history reflects the interconnected shifts in political priorities, with the mid 1800s marking the beginning of formal abortion bans, largely driven by the American Medical Association and the professionalization of medicine (Xing et al., 2023). Furthermore, the criminalisation of abortion in the late 19th century was driven by both political and professional interests, particularly within the medical field which sought to consolidate control over reproductive healthcare (Xing et al., 2023). The rise of the Religious Right in the late 20th century led to increasingly restrictive laws, including Targeted Regulations on Abortion Providers (TRAP) Laws and the Hyde Amendment, which limited federal funding for abortion services (Leaming, 2023). These early decisions play a role in shaping legal and medical structures that continue to evolve today, influencing policy, healthcare practices, and public discourse. The landmark Supreme Court ruling in *Roe v. Wade* in 1973 briefly expanded access, but abortion has remained deeply contested and volatile.

A more recent example of this is the Food and Drug Administration's (FDA) regulation of mifepristone, one of the two medications used in a self-managed abortion. In 2021, the FDA required that Mifepristone be dispensed only in healthcare settings under the supervision of a certified prescriber (Shinde, 2021). Still today, the FDA website discourages ordering

Mifepristone online for "lack of supervision" of its circulation (U.S. Food and Drug Administration, 2023). Reinforcements such as these consolidate a healthcare system that demands professional oversight for what could be a private and autonomous decision, reflecting Halliday's critique that "the naturalness of pregnancy and childbirth has been transformed into an illness that […] only a medical professional can rectify" (2023, p.15).

Reproductive politics in the U.S. have long been tied to racial segregation, as Dorothy Roberts argues in *Killing the Black Body* (1997). As Roberts notes, Black women have historically been denied reproductive agency, from slavery to forced sterilizations (1997, p.5). Myths of Black inferiority and hypersexuality, rooted in white supremacy, shaped policies that pathologized Black motherhood and treated Black women's autonomy as a threat. Still today, white women's reproductive choices are often deemed as personal rights, while Black women's fertility is viewed with suspicion (Walsh, 2024). As Roberts explains, Black women are caught in a double bind– deemed either too fertile or unworthy of reproduction. Reflecting on *Killing the Black Body* in 2024, Roberts emphasized that recognizing the historical foundations of different types of oppression is essential for understanding how laws related to forced pregnancy, criminalizing pregnancy outcomes, family separation, and abortion are all deeply connected (Walsh, 2024).

These histories breed in the present, where the Trump administration's explicitly pronatalist rhetoric marks a new stage in reproductive governance. Trump's self-branding as the "Fertility President", proposing baby bonuses and marriage-based scholarship quotas, illustrates a new façade to instil abortion bans by promoting state-sanctioned reproduction plans, justified by appeals of "national" or "economic" survival (The Guardian, 2025). These pronatalist strategies, co-funded and -founded by figures like JD Vance and Elon Musk, recast

reproductive politics as a national duty rather than a personal right for the select 'American' future that this administration wishes to cultivate (The Independent, 2025). What emerges is a regime that governs who should reproduce, and who should not.

The U.S. have a long and troubling history of forcibly sterilizing Black, Indigenous, Latinx, and disabled women (Fredricks, 2024, p. 12). These practices continue in hidden ways, targeting those deemed "unfit" to reproduce (The Guardian, 2025). The effects of this promote the global stigmatization of abortion and strengthen U.S. laws that impede government funding for abortion (Fredricks, 2024, p. 12).

"Regime-made Disaster"

By defining "Regime-made Disasters" as deliberate, institutionalised crises that obscure their effects under the guise of democratic organisation, Azoulay (2012) provides a critical theoretical framework through which to analyse infrastructures governing abortion access in the U.S. This framework is particularly relevant as it contextualises the deliberate strategies that sustain patriarchal governance and perpetuate restriction to abortion access.

As outlined, the U.S. government enacts policies that systematically strip the population of abortion care and continues to do so with more vigour with the upcoming pronatalist agenda– claiming abortion harms the economy by eliminating "would-be workers" (Sherman, 2025). These are no accidents of governance but intentional designs. This is a key characteristic of a "Regime-made Disaster", where the production by democratic regimes is done without being acknowledged as disasters due to their lack of overt violence (Azoulay, 2012, p.29). Instead, they appear well-organised and well-ordered, systematically maintained structures within the institutional framework of democracy. The U.S. abortion infrastructure as a "Regime-made

Disaster" is intentional and systematic, arising from deliberate strategies, tools, and governance models. The evolution of abortion regulations reflects a sustained pattern of governance shaped by intersecting legal, political, and ideological influences.

Another defining feature of "Regime-made Disasters" is the displacement of responsibility (Azoulay, 2012, p.34). When abortion is restricted by the state, responsibility is transferred onto the pregnant individual. They must navigate the barriers like calling clinics, making and traveling to appointments, work absence, enduring "pro-life" harassment and sourcing pain relief, all while shouldering the psychological and physical burden of denied healthcare. This displacement of responsibility is often obscured within democratic regimes, which tend to frame such outcomes as exceptions rather than systemic features – "Regime-made disasters are usually not conceptualized within democratic regimes as being part of them" (Azoulay, 2012, p.31). Citizens within what Azoulay calls the "differential body politic"– a society stratified by race, class, gender, and other axes of power– play a role in drawing the boundaries of what counts as part of the regime (Azoulay, 2012, p.30). Those who are not directly affected by abortion bans often exclude these harms from their understanding of the regime, seeing them as peripheral rather than foundational issues. In contrast, those who are vulnerable to abortion bans– people who can become pregnant, and particularly marginalized communities or living in conservative states– experience a harsher impact of state policies. Broader societal attitudes such as a lax "condom culture" and entrenched gendered expectations of reproductive labour reinforce that individuals, not institutions, are made responsible for securing abortion care (Friedrich-Karnik & Kavanagh, 2024).

The lived experiences of people seeking abortion, like *Jane,* offer a powerful counter-narrative to "Regime-made Disasters": one that reframes abortion as an everyday assertion of social justice, where individuals can find ways to practice care anyway.

Inversion of the Infrastructure

Donald Trump, declaring himself the "guy [who] ended *Roe v. Wade*," publicly claims credit for the Supreme Court's decision to overturn the landmark ruling that had protected abortion rights in the U.S. for 49 years (Beck et al., 2024). His judicial appointments from 2016 to 2020 cemented the Court's conservative majority, reflecting moral principles aligned with the Religious Right. In anticipation of growing legal, medical, and logistical barriers, Gomperts founded Aid Access in 2018 and expanded access to self-managed abortion in the U.S. As a "glitch", typically understood as a momentary malfunction or disruption in a system, Aid Access can represent the failure of the U.S. legal and healthcare systems while being the site "where new possibilities gestate" (Russell, 2020, p. 152). This aligns with the concept called "infrastructural inversion", where the usually invisible infrastructures are brought to the foreground due to a breakdown, crisis, or critical analysis (Bowker & Star, 1999, p. 380). Indeed, the "glitch" exposes authority not as neutral or natural but as a set of power relations that police bodies and restrict autonomy of reproductive choice.

Specifically reading the concept of "glitching" through Legacy Russell's book *Glitch Feminism* (2020), Russell writes candidly about her own experience growing up as a young, female, Person of Colour. She describes feeling unsafe and hyper-visible in public spaces. The internet became a place where she could perform a self outside of imposed categories – a place to "glitch" the social codes that policed her identity (Russell, 2020, pp.15–16). Digital platforms created spaces for anonymity, safety, self-determination, and relational care (Russell,

2020, p.27). The internet functioned as a mode of being and becoming that provided forms of refuge and agency often unavailable in the offline world—or, as Russell (2020, p. 29) terms it, the "Away From Keyboard" (AFK) realm.

Examining Aid Access through this framework allows for an exploration of how alternative forms of access and advocacy emerge within restrictive systems. Focusing specifically on Aid Access evaluations, this thesis approaches the file not as a passive repository of information, but as a document that bears witness to the very structures that produce and regulate it. Drawing on Vikki Bell's (2020) conceptualization of institutional hierarchy– this framework highlights how the file containing 1296 Aid Access evaluations functions as records of governance, either reinforcing or resisting institutional power. Here, the file exists as evidence of a "glitch" in the institutional order, rendering visible an otherwise obscured reality.

Documenting Violence

Situating the file of Aid Access evaluations can be done through a conceptual hierarchy introduced by Vikki Bell (2020), quoting Maurizio Ferraris from *Documentality: Why it is Necessary to Leave Traces* (2013). For Ferraris, inscription is a highly social act, "giving the traces of our existence the possibility of an afterlife because it involves the movement of thought into the shared world" (Bell, 2020, p.9). Ferraris conceptualizes a conceptual hierarchy: at the top of the hierarchy finds the institution, under this, the file, and the acts of inscription at the base. 'The institution' I identify for this thesis is the Trump Administration, active from 2016 to 2020, and from 2024 to 2028. 'The file' is the Excel spreadsheet of 1296 individual evaluations of people in the U.S. who have ordered abortion pills from Aid Access. Lastly, the 'acts of inscription' are the words in the spreadsheet, the "traces of existence" that

make fleeting moments able to be recalled, the substance that allows for the appearance of a "shared object" (Bell, 2020, p.9). The file, in this case, operates as a testimony that bears witness to the institutional violence enacted by U.S. abortion policies – where "abortion can be considered safe only when it is performed without the risk of criminal or legal sanction, stigmatisation, stress or isolation" (Starrs et al., 2018).

The file, according to Bell, is a symbol for bureaucracy: the very conditions of possibility for social institutions (2020, p. 9). Files give structure to information and, in an age where digital modernity depends on information, files hold increasing value (Bell, 2020, p.9). The institutionalised file is treated as testimony to the legal or political case, sometimes as a primary source of justification, other times as a fragment within broader ways of knowing (Leonard, 2021). Files as a testimony– from the Latin *testis*, meaning "witness"– hold weight appointed to them by the institution above them. For the file to wield the power of testimony, the act of inscription becomes central to this analysis. Reading against the grain (Stoler, 2008) allows for a critical reading of these levels of hierarchy of the file of Aid Access evaluations.

Methodology

Positionality Statement

Since 2021, I have collaborated with organizations engaged in self-managed abortion services and abortion justice advocacy, conducting observations and research on infrastructural barriers, analysing published media and news coverage, and actively participating in the movement. Through this work, I have developed a comprehensive understanding of the field, appropriately informing and positioning me to conduct this research. Access to the research

field for this thesis has been granted through Rebecca Gomperts, and collaboration was conducted in-person at the Women on Waves office in Amsterdam on a weekly basis.

This thesis focuses on the U.S. to illustrate the volatility of reproductive access, demonstrating how abortion rights are shaped as a "Regime-made Disaster" that are subject to change depending on the governing regime. Examining the U.S. context is particularly relevant for understanding how these dynamics might also apply in other settings, such as the Netherlands (where I write this thesis), where abortion rights are often assumed to be secure but remain vulnerable to shifts within these same frameworks (Rutgers, 2025).

Data Collection

The data for this thesis has been obtained via USB by Rebecca Gomperts who exported the anonymized evaluation data from Aid Access's back-office. These evaluations are filled out by the individuals who request self-managed abortion through Aid Access. They receive an e-mail four weeks after completing their abortion containing a voluntary evaluation form designed to facilitate reflection on their experience. The evaluation includes questions related to demographic information, gestational age, the success of the abortion, and any concerns regarding the use of the medication without attending a clinic or consulting a physician (with multiple-choice response options). Additionally, people are asked about any complications they experienced and how they learned about Aid Access (e.g., through friends, social media, news, Google, etc.). Finally, participants can share their experiences in an open-ended, text-based response. The data is stored for 15 years in the back-office and is accessed by the Aid Access team for quality assurance. I have formatted the anonymized spreadsheet using Conditional Formatting to isolate the rows containing qualitative responses: those where the

"share experience" column is completed. The dataset has then been organized by month: September to December 2024.

For the purposes of this thesis, I received a completely anonymized dataset. To ensure anonymity, all identifying information such as name, address, e-mail address, phone number, birthdate, and ZIP code have been excluded. Only the state same and the person's birth year are included in the data. The state name will not be mentioned during the analysis to ensure no connections can be made to the writers of the evaluations. Instead, I will distinguish between states using the terms "red" and "blue" states, based on their general political alignment in recent national elections: red denoting predominantly Republican-voting (Donald Trump supporting) states and blue denoting predominantly Democratic-voting (Kamala Harris supporting) states (Battaglio, 2016). This strategy allows for the incorporation of relevant political and cultural context while ensuring participant confidentiality.

Interview with an Aid Access Provider

To further explore the findings, I conducted an open-ended interview with an Aid Access abortion-pill provider who will remain anonymous. For the purposes of this thesis, the provider is referred to by the pseudonym Roxanne. Introduced via Rebecca Gomperts, the conversation took place on May 9th, 2025, at the Women on Waves office in Amsterdam and lasted 1.5 hours. My first questions to her were about her experience at Aid Access and her investment in reproductive care work. After this introduction, we discussed the coding approach I took and the distinctions I had made per code for my analysis.

Research Strategy

This study employed a hybrid inductive-deductive coding approach. Coding began openly to capture emergent themes and language directly from the evaluations: informed by the theoretical focus of the "Regime-made Disaster" and the "glitch". These served as sensitizing concepts (Charmaz, 2006) that guided my attention to specific dimensions of experience without restricting the possibility of identifying new, unanticipated themes.

Coding Process

Specifically, I looked for moments where people described barriers they faced in accessing care, such as references to restrictive laws, financial constraints, waiting periods, or fear of criminalization (legal infrastructure). I also traced mentions of interactions with healthcare systems, perceptions of medical judgment or stigma, references to the safety or risk of the procedure, and trust or distrust in medical institutions (medical infrastructure). Additionally, I coded for language that signalled moral or emotional reasoning like feelings of guilt, shame, pride, relief, or defiance, and any references to religious, familial, or societal judgments about abortion (moral infrastructure). I also attended to how participants phrased their evaluation by looking for expressions of autonomy, agency, or resistance that signalled Russell's (2020) concept of "glitching". This includes identifying ways that the evaluations exposed systemic failures or narrate self-managed abortion as a deliberate, empowering choice rather than a last resort.

Analytical Approach

Reading Against the Grain

This study adopts a critical approach to file work, reading files against the grain to view them as more than repositories of information, conceptualising them as evidence of violence

against reproductive choice. Drawing on Ann Laura Stoler's (2008) conceptualization of archiving as a process, this methodology treats the file as an active instrument of knowledge production, shaped by power and bureaucracy. This concept requires examining how the file is structured and organized. It also considers the historical and institutional conditions under which the file was created and maintained, and the function of the file within broader structures of governance. I have attempted to do so by dissecting what infrastructures of power influenced the creation of this file, what narratives are being told, and how these systems shape my interpretation of the file. Rather than accepting documents at face value, this methodology interrogates the political life of the file, emphasizing how archival records shape societal and historical truths.

In conducting the analysis, I drew on guiding questions proposed by Powles to interpret the coded material (Referencing Tonkin, 2004, p.11). These questions focused on (1) understanding the informants' circumstances, such as their geographic and legal contexts which are important due to regional differences in abortion access (Powles, 2004, p.7). I also considered (2) the conditions under which their evaluations were recorded by examining language features like tone, spelling, punctuation, and formality, which offered insights into their personal situations and how they aligned with the service described (Powles, 2004, p.8). Lastly, I assessed (3) the genre used: looking at whether the accounts took the form of advice, feedback, reflection, or testimony to determine how the individuals positioned themselves in relation to the service (Powles, 2004, p.10).

Collectively, these dimensions provided a powerful, relatively direct way of hearing individual voices and allowed for the communication of complex and nuanced experience. Through this approach, I sought to analyse the data and to affirm the agency of the people

ordering from Aid Access, however constrained by external circumstances. As a researcher, reading such personal accounts invited me into moments of intimacy, the proximity reshaping how I think about the individuals behind the data and encouraging a more empathetic and human-centred analysis. I hope this same closeness resonates with you as a reader of this thesis.

All quotations in this analysis are presented as they appear in the original sources. Any spelling or grammatical errors have been retained and are marked with [sic], as these are relevant to the analysis.

Methodological Reflexivity

When coding, I had printed out the dataset to physically engage with the evaluations as an attempt to feel the weight of each story. I hoped that this tangible connection would ground me in the lived experiences shared across the file. To assist in thematic organization, I devised a colour-coding system; however, this system quickly proved inadequate. After only a few evaluations, the complexity and nuance of the data became apparent, and the colour system became overwhelmed. It was clear that a more dynamic and flexible method would be necessary. Transitioning to digital analysis, I imported the data into ATLAS.ti and began reading the file in chronological order.

Ethics and Privacy Statement

This study prioritizes ethical considerations and data privacy. The dataset remains fully anonymized, with no personally identifiable information. Data storage and handling comply with ethical research standards to protect participant confidentiality. No AI-driven tools have been used to process data, preventing any potential breaches. Access to the data is restricted to the researcher and Rebecca Gomperts. Findings will be presented in a way that ensures

anonymity. The study follows strict ethical protocols to protect participants' privacy and ensure that the research complies with applicable data protection regulations.

Analysing the "Glitch" to a "Regime-made Disaster"

This section moves from theory to practice: first outlining how I coded the file of Aid Access evaluations, to the interview discussing my initial findings with Aid Access provider. After this, I analysed the codes against the grain, identifying the circumstances of the writers of the evaluations, identifying the uses of narrative, and what "genres" emerged. This allowed me to gain a deeper understanding of what these evaluations meant, individually, but also collectively, as a file documenting the violence ongoing in reproductive healthcare in the U.S. This documentation holds what I conceptualise as the "glitch" to the "Regime-made Disaster" of a post-*Roe*, Trump-led anti-abortion infrastructure.

Coding the Aid Access Evaluations

During the coding process, recurring terms were identified and organized into emergent codes and subcodes. To ensure consistency across datasets, I developed a codebook to systematize and refine these (sub)codes throughout the analysis (See Appendix A). For instance, the words "privacy," "discreet," and "secret" were grouped under the subcode ***privacy***, situated within the broader code ***moral infrastructure***. Similarly, terms such as "illegal", "ban", "restricted", "limited", and "law" coalesced under the sub-code *abortion ban*, placed within the code of *legal infrastructure*. These refer to experiences shaped directly by state-level restrictions, making visible the way (il)legality structures access to abortion. Also under this main code, phrases like "four years", "MAGA" (Make America Great Again) and

"upcoming election" were interpreted by the political shift following the Trump administration, creating the subcode *Trump election*.

This first round of thematic coding was then supplemented by a focused review of the uncoded segments. These unmarked quotes were most often expressions of gratitude to the organization. An in-vivo code that emerged here is the explicit mention: "Saved my life". In-vivo coding uses the exact words by the writer as my code rather than imposing my own terminology (Elliot, 2018, p. 2856). This phrase stood out to me as particularly significant not to alter the wording of as it directly mirrors anti-abortion language that frames abortion as 'ending life' (Americans United for Life, 2023).

Reflecting on the Codes

After the first round of coding, I discussed them with Roxanne, one of the providers working for Aid Access. This was insightful as she could confirm that the codes I had used fit her experience at the organisation and what she witnesses case-by-case. Specifically, the distinction between the legal and medical infrastructures were recognisable as these are barriers experienced by herself and colleagues in their ability to work their jobs in prescribing abortion pills. As an advanced practice nurse registered in Massachusetts, Roxanne is bound by legal barriers that dictate from which state she is permitted to prescribe from. Roxanne went on to explain the measures in place that protect providers like her from being persecuted: namely, Shield Laws.

Shield Laws

Roxanne discussed the implementation of Shield Laws, state-level legal protections designed to shield individuals or organizations from legal consequences– often from other states– for providing, receiving, or assisting with abortions or other reproductive health care

that may be restricted or banned elsewhere. In the context of post-*Roe* abortion access in the U.S., shield laws protect providers in supportive states from out-of-state investigations, lawsuits, or prosecutions. They prohibit cooperation with legal actions from states where abortion is banned, block the extradition of providers or helpers if the care was legal where it was provided, and safeguard patient data and digital privacy for those seeking abortion-related services (Conversation with Roxanne, 9 May 2025).

For example, if someone in Texas, where abortion is banned, orders from Aid Access, the shield law protects the providers of Aid Access when providing pills as they are registered in the states with strong shield laws, such as California, Colorado, Connecticut, Massachusetts, New York, Vermont, and Washington (Center for Reproductive Rights, 2025). They cannot be prosecuted under Texan laws, and shield laws would refuse to help enforce such prosecution.

Reading "Against the Grain"

As mentioned in the introduction, *Jane* functions as an overarching persona—a narrative lens through which the structural conditions faced by those seeking self-managed abortion in the U.S. can be understood. *Jane* is not a singular subject, but a composite figure, shaped by the diverse and complex testimonies of those navigating reproductive injustice. This framing preserves the emotional and political specificity of each account while situating them within a shared landscape of constraint. Importantly, presenting the following evaluations through *Jane* does not imply uniformity of experience; rather, it highlights how different individual struggles are connected by the same systemic conditions.

Guided by the questions proposed by Powles (referencing Tonkin, 2004, p.11), I used these prompts to read selected quotes against the grain. The chosen excerpts are illustrative, reflecting themes that recur across many similar evaluations.

1. What were the circumstances of the informants? *Considerations include the geographic and legal context from which the person is speaking* (Powles, 2004, p.7).

As illustrated in the conversation with Roxanne, circumstances matter. There are circumstances where providers can provide abortion pills, and there are circumstances where they cannot (e.g. if they are not protected by shield laws). The Aid Access evaluations often include reflections on individual circumstances, with each case illustrating how people were able to access abortion pills despite the legal restrictions in their state. This example discusses multiple circumstances of restriction, such as the need to travel to another state for the abortion care, practical financial implications, and addresses the concern for privacy:

> *"Firstly thank you. I had no idea I was even pregnant, I always had inconsistent periods due to having PCOS. When I went in person to a clinic and they told me I was a couple days past 6 weeks and that I had to FLY OUT to a state I have no ties with. No friends , family, a place to stay.. I was in such distress. Was I just going to have my abortion on a plane? How could I even afford it? [...]. I'm really grateful I was able to use aidaccess* [*sic*]*. It was easy, fast and informative. Not to mention they are private."* — Evaluation from a red state.

Looking specifically at language used from people ordering from red states like Texas, Florida, or Alabama where abortions are legally banned, there is a pronounced sense of relief in their evaluations. These individuals often wrote longer, more detailed responses compared

to those from states with fewer restrictions, possibly because the stakes are higher and the barriers more severe. In these contexts, the process of accessing care is often fraught with legal, logistical, and emotional obstacles, which may heighten the significance of the service and compel people to share more in-depth reflections. Their evaluations often conveyed a deeper sense of "distress", having navigated something dangerous or forbidden.

2. Under what circumstances were the evaluations recorded? *Without knowing the exact circumstances, consider elements of language use such as punctuation, spelling, abbreviations, tone, and formality that carry meaning and reflect the writer's circumstances* (Powles, 2004, p.8).

Through an analysis of the narrative form of this quote, the text reveals both the emotional intensity of the writer's experience and the broader systems of control that shape it. Certain elements of language, such as punctuation, spelling, grammar, abbreviations, tone, carry meaning when read against the grain, the narrative exposes how structural violence is embedded not only in policies but in the affective and logistical conditions of everyday life.

The grammar and punctuation are irregular, with the use of ellipses ("..") and comma splices ("No friends , family, a place to stay..") signalling a stream-of-consciousness with non-standard syntax use. This is seen among most, if not all evaluations. This could be due to the idea that an evaluation is not meant for public revision, so there is less attention paid to the correctness expected when publishing something to an audience. What Roxanne added to this is the psychological fragmentation that comes from the pressure of writing the evaluation quickly to ensure it is kept as private as possible, in fear of "getting caught". Indeed, if typing a message with haste, there is no time for proof-reading.

Language choices reinforce this fragmentation. Rhetorical questions such as "Was I just going to have my abortion on a plane?" and "How could I even afford it?" are not posed to elicit answers but to dramatize the absurdity of the conditions the person faces. These questions are effective in situating the reader within this vivid moment of panic. The shift to gratitude, "I'm really grateful I was able to use aidaccess" marks a turning point where agency was reclaimed. This shift is subtle but significant and recurs often in the evaluations. Furthermore, capitalization is used sparingly in this evaluation. The phrase "FLY OUT" appears in all caps, disrupting the narrative flow to mimic the intensity of the writer's disbelief of this option to receive abortion care. In a context where bodily autonomy is under assault, this textual shout articulates the silent violence of being forced to travel across state lines for something that could, beyond legal boundaries, be practiced at home.

3. What 'genre' or mode of expression do they employ? *Which genres emerge through both "the telling" and "the status of the teller", along with the structural conventions of the narrative* (Powles, 2004, p.10).

The genre emerged as a significant analytical layer, with some evaluations written with intricate personal details, structured as individual stories, while others adopted a second-person voice, addressing future users of Aid Access in a tone reminiscent of an advice column. This narrative distinction was noted through relevant subcodes, distinguishing between testifying and advising.

The difference can be seen, for example, between this quote which gives details to the writer's situation as feedback to Aid Access:

> *"To whom it may concern, I usually don't do this but just wanted to take a second to reach out and say thank you so much for doing what you do, and the organization you have created…. This is the first time I've ever been in this situation, I was terrified, alone, broke, and living in a state with unfair regulations as a hurricane hit and took everything."* – Evaluation from a red state.

Compared to a quote that is directed as advice for someone who is yet to carry out an abortion:

> *"Trust the process take some days off work and relax your mind let the body heal on its on,* [sic] *take your vitamins and drink your water the process is not long give yourself two weeks to fully recover"* – Evaluation from a red state.

There are no instructions given to the writer for how to format evaluations: they can be seen as diary entries where people can reflect on their experience in confidence, or they can use it as a moment to relay back information that they want to share with the care providers. During the conversation with Roxanne, we reflected on the role of personal narratives of the evaluations on her work at Aid Access, emphasizing the emotional and moral support they provide. Roxanne affirmed the significance of these evaluations as testimonies, noting that they offer her a great sense of solace and continuity. She described these narratives as the final point of contact between the organization and the individuals they serve, framing them as more than mere feedback: "It keeps us going as a team," she remarked. Roxanne highlighted how these narratives function to rehumanize the often-distanced nature of remote service provision. As she explained, the personal voices embedded in the evaluations "make the number of orders feel human again". Her comments underscore the labour intensity of the work involved in abortion access and suggest that narrative is a tool for advocacy and a source of emotional resilience for providers. The evaluations, in this light, operate as care both ways: the

testimonials of the abortion care that Aid Access provides becomes care for the Aid Access provider.

Abortion: At What Cost?

When looking at the different infrastructures involved in self-managed abortion, the cost of care is made abundantly clear. In the evaluations as well as in conversation with Roxanne, the cost of these systemic barriers on the body as well as financially are often mentioned. Especially the financial burden of abortions in the U.S. became a key point in my discussion with Roxanne, prompting the question: *What does it cost to access an abortion without Aid Access?*

Planned Parenthood, a leading Sexual and Reproductive healthcare organisation in the U.S., charges up to $2000 for an in-clinic abortion, and up to $800 using abortion pills (Planned Parenthood, 2025). By contrast, Aid Access operates on a sliding scale, set to a maximum cost of $150. Struck by this difference, I asked Roxanne how Aid Access can provide at this relatively low rate. The answer, in part, lies in questioning why formal providers, such as Planned Parenthood, impose such high costs in the first place. The medication itself costs about $80, and the brick-and-mortar clinics have higher overhead expenses, but how are they reaching prices between $800 to $2000? In response, Roxanne explained that the over-medicalisation of abortion, including the routine requirement for ultrasounds, drives costs up significantly, even though such procedures are not medically necessary in many cases of early abortion. She also mentioned that Planned Parenthood, at the end of the day, operates a business. Framed through the lens of the "glitch", Roxanne finds Aid Access's way of work a "bold way of pushing back, creating sustainable practices, asking only for what they need". Indeed, their cost structure reflects this: approximately $80 for the medication, $20–30 for

postage and packaging, and the remainder to ensure the team earns a liveable wage. Next to this, around 30% of all Aid Access cases are donated at $0 to people who need them. So, a portion of the incoming finances also cover the cost of medication for people who cannot afford it themselves. Aid Access's infrastructure of working remotely allows them to reduce overhead expenses.

Roxanne also offered critique to the pervasive expectation within the reproductive care sector that people should offer their labour for free, simply because the cause is "good." She pointed out how this mindset ignores the real costs of care work, not only in terms of labour but in the safety, time, and emotional toll required. Social Reproduction Theory, particularly as explained by American Feminist Philosopher Nancy Fraser, refers to this as the "crisis of care" (Bhattacharya, 2017, p.22). Fraser explains that while care work is essential for the functioning of capitalism, the system's drive for endless growth undermines and destabilizes the very care work it depends on (Bhattacharya, 2017, p.22).

The cost of care remains a significant barrier, even in states with strong legal protections for abortion access such as California, Maryland, New York, and Oregon (Guttmacher Institute, 2025). While these states have supportive legal structures, the financial burden of abortion services often forces individuals to look outside the formal healthcare system for more affordable options. Having the legal protection to abortion does not automatically ensure practical or affordable access. This tension is clearly reflected in the following evaluation:

> "*Thank you for saving my life. I was terrified that I was pregnant and upon my positive pregnancy test, I freaked out. Thank you for being the most affordable abortion pills, thank you for the discreet packaging, thank you for the instruction manual, thank you*

for what you do and this organization. Truly, thank you so much." – Evaluation from a blue state.

The writer expresses deep appreciation for the affordability of the pills, highlighting cost as a central concern in their decision-making process. Despite living in a state with protective abortion laws, this person turned to Aid Access, implying that traditional healthcare services were financially out of reach. This evaluation highlights an important contradiction. In theory, residents of legally supportive states should have full access to abortion care. In practice, economic constraints still limit that access. The fact that individuals in these states are seeking pills from Aid Access points to larger systemic issues. These include gaps in insurance coverage, high out-of-pocket costs, and a lack of public funding for abortion services.

Overall, this example illustrates how economic barriers can persist even where legal access exists. Aid Access challenges the high expected costs to care, with a pricing model that is transparent and rooted in sustainability, not self-sacrifice. They assert that care work deserves to be compensated, while adequate care is offered to the entire population – not as exceptions but as the norm. These circumstances of social, financial and legal burdens can be read through Azoulay's (2012) "Regime-made Disaster".

Identifying the "Regime-made Disaster"

Analysing these evaluations and the reflection interview through the lens of the "Regime-made Disaster" allows for a sharper understanding of how abortion bans function as acts of governance that produce harm. Specifically, it highlights the overturning of *Roe v. Wade* as an intentional effort to destabilize reproductive autonomy and reassert control over people's bodies. The consequences stretch far beyond those seeking abortions, affecting households,

workplaces, and communities, a public issue affecting the "entire governed population" (Azoulay, 2012, p. 30). In line with the "Regime-made Disaster", the responsibility is placed squarely on the shoulders of those who get pregnant, while the hands that orchestrate this disaster, the Trump administration and the conservative majority in the Supreme Court, remain clean due to the lack of overt violence (Azoulay, 2012, p. 29). Yet, the evaluation points directly to it and reveal the infrastructures of restriction. These are not side effects but the structure itself. One evaluation speaks directly to the way these forces compound:

> *"Living in a state that has a complete abortion ban and already being a mom of 4, two of those being 2 years and 4 months, I was devastated when my contraception failed me at 4 months postpartum. I could not have been able to leave my 4 kids and drive hours and hours away to receive care in person. My husband is also extremely conservative and refused to consider abortion. I felt like I had no place to turn to. Then I saw a video about Aid Access, and even though I was weary (surely there is some catch; they won't be able to send it to my state; I won't be able to afford it; etc) I decided to inquire. I am so, so thankful to Aid Access. I had an easy, safe abortion at home using the medication they were able to send to me. They helped me with financial assistance, as I had just found out on Christmas Eve that I was pregnant and all of my savings had been used to get my 4 other children's Christmas gifts. I have been telling everyone who is in need of similar services about them. They are literal life savers. Thank you so much Aid Access. I fear for the future of my country, and I hope that other women will continue to be able to use this amazing service you are able to provide." —.* Evaluation from a red state.

What this quote highlights is how the regime operates through both macro and micro levels. Abortion bans are implemented through courts, legislatures, and the lack of operating clinics, but they are further enforced through partners, parents, employers, and the lack of safe, reliable information. People are left to navigate this terrain alone. While it says a lot about Aid Access that the speed, safety, and efficacy of self-managed abortion is experienced as extraordinary, it puts into perspective how state provided care is expected. A process that is expected to be so complicated is proven to be simple, evident by the praise of these traits. What is highlighted through Azoulay's (2012) conceptualisation is that the complexity is manufactured: Regime-made.

"Glitching" the "Regime-made Disaster"

Across the evaluations, the word "privacy" is mentioned often. It is used to describe the experience of taking the pills at home, the unmarked nature of the package, and the relief of avoiding judgment or having anyone know of their procedure. This frequency signals something deeper about the way abortion has been forced into the realm of the private: where privacy begins to operate as the infrastructure in which Aid Access operates. This relationship between privacy and access led into the code labelled *Glitch*. Many evaluations expressed a sense of working around the system, of finding a loophole. The language suggests resourcefulness and relief, but also a quiet defiance. A quote that is illustrative of this is:

> *"I have used this service before when the heartbeat bill passed in [red state] and I was unable to find care. This option is immensely cheaper and more comfortable to do it in my own home instead of going to a clinic an hour away, with people yelling at you as you walk it. The communication is fast and compassionate. I got more pills to just have in case myself, or another woman may need them. It give* [*sic*] *me peace of mind it's*

something I can do, even when our options and freedoms are becoming fewer and fewer." – Evaluation from a red state.

Here, the notion of privacy is intricately tied to both emotional safety and practical accessibility. The writer's choice to take the pills "in [their] own home" not only underscores a preference for comfort but also points to the hostile conditions of surveillance surrounding public clinics. The phrase evokes a domestic space as a counter-site to the political theatre of abortion restrictions, transforming the home into a place of agency. The evaluation continues with a forward-looking gesture: "I got more pills to just have in case myself, or another woman may need them." This act of pre-emptive care functions as a tactical response to systemic barriers, a form of preparedness that reflects both individual autonomy and a shared reproductive precarity. Rather than detracting from the narrative, the linguistic informality enhances its authenticity and affective power. The final reflection, that this peace of mind exists "even when our options and freedoms are becoming fewer and fewer," signals a quiet defiance in the face of escalating legal and cultural constraints. The repetition of "fewer" functions rhetorically to emphasize the erosion of reproductive rights, while the narrative embodies the "glitch" code as operating within and against a system designed to deny care and finding in that contradiction a means of resistance.

"Glitch" as a Genre

I introduced a code titled *Glitch* to capture a distinct "genre". The "glitch" was identified when people described the autonomy they reclaimed in the process, highlighting peace or empowerment that came from circumventing legal or medical obstacles. Phrases like "control over my body" and "my body my choice" formed the subcode *Autonomy,* and the in-vivo code "peace of mind". These narratives invoked a mode of survival and strategic

disruption, resonating with theories of the "glitch" as a Feminist method of refusal and possibility. These quotes emerged most notably right after Trump's re-election in November of 2024: a time when the prospect of Kamala Harris (an advocate for legal abortion) assuming the presidency had definitively passed.

The "glitch" is the moment when the system is forced to make room where it was designed not to, and the privacy of this process enables it to occur. The unmarked envelope, the at-home experience, the absence of medical gatekeeping: all components of the workaround. Privacy allows people to step outside the expected script of legal access and act instead through self-determination, like how Russell (2020, p.27) describes the privacy of the digital platforms as spaces for anonymity, safety, self-determination, and relational care. People are not just slipping through the cracks; they are using the cracks as a path.

The idea of the "glitching" emerges most vividly in the expressions of surprise where people describe their relief at receiving abortion pills through Aid Access: in astonishment that this route to care even exists. There's a repeated tone of disbelief. An illustrative quote of this is:

> *"Thank you so much for providing me and other people with options! I have always been an advocate for choice but I never thought that one day I would be making a choice. I was sooooo afraid. Aid Access has been the best. I received such a QUICK turnaround and I was well equipped for the process and very informed. I live in [a red state] and I could not afford to fly out anywhere and I knew that I wouldn't have to support. I'm writing this review in tears and I can't express how much this company has helped me."* – Evaluation from a red state.

The writer reflects the extent to which abortion access has been obscured or framed as unattainable in the medical infrastructure. This surprise, when read repeatedly across the evaluations, is compelling as it indicates a gap in reproductive knowledge. Incidentally, reproductive healthcare "knowledge" – whether it was about abortions, aftercare, or autonomy – became a code, as it was striking how many people noted how little they knew about self-managed abortion. Indeed, most people don't learn about self-managed abortion until they are already in the situation, and they need one.

Beyond experiencing the "glitch" as a process of autonomy, there are multiple instances where the internet is referred to as the "glitch". Most directly connected to Russell's conceptualisation of "the internet as a vessel through which a 'becoming' can realize itself" (2020, p.13), the following quote can reveal how the internet functions as an infrastructure of care, especially when traditional healthcare systems and state structures fail to provide support:

> *I found your information on a sticker for sale on Etsy. I ordered 100 of the stickers and gave them to my women's history college students. Then I ordered abortion pills *just in case.* I am telling everyone I know to do the same, in anticipation of more restrictions against women's reproductive rights in the new Trump 2.0 admin ahead. I also donated to your organization so as to help a low income someone get help. You all are incredible and I'm so grateful you exist.* — Evaluation from a blue state.

This quote speaks for the creative ways in which the internet works as tools of communication and as a critical space for resistance. The writer's discovery of abortion access through Etsy (an online marketplace known for handcrafted goods) reflects a broader reality in which care circulates through unexpected channels. The sticker on Etsy becomes an access point to reproductive healthcare, much like the internet became an access point to selfhood for

Russell. This moment also illustrates the intersection of care, where informal infrastructures emerge in the cracks of capitalist platforms. Etsy, while commercial, becomes a site for "glitching" the system where vital information is placed into the flow of consumer goods. "The glitch mobilizes" (Russell, 2020, p.129) and is enacted here as a gesture of survival.

Reading this quote against the grain reveals an underlying tension: although the speaker is situated in a blue state with expansive legal protections for abortion, they still express anxiety about access and stockpiles pills "just in case." The phrase is casual, but it encodes a sense of political uncertainty and mistrust, especially in anticipation of "Trump 2.0." The actions of buying, distributing, preparing, donating create a distributed care network, but they are also a response to a perceived collapse of institutional support. Her donation to support "a low income someone" hints at economic stratification that legal access alone does not resolve.

This echoes Russell's argument that mainstream structures—whether of race, gender, or medicine—often fail to protect the most vulnerable, and that digital spaces can become critical lifelines (2020, pp.21—22). For Russell, the "glitch" is not a breakdown, but an active re-routing, and that is precisely what is happening here: information, access, and solidarity are triggered through "celebrating the failure" (Russell, 2020, p.30) of the regime known as the U.S. legal healthcare system.

Ultimately, theses evaluations become what Russell conceptualize as "Glitch Feminism" in practice, where digital acts of feminist care are born of necessity, channeled through informal infrastructures, and sustained by communities. What might read as simple moments of gratitude are, when viewed through Russell's framework, refusals to depend solely on failing systems and a commitment to creating new ones – even if they are unaware that they are doing so.

Concluding Analysis

As part of the "Regime-made Disaster," tools of reproductive autonomy are deliberately kept out of reach: restricted through lack of information, geographic barriers, financial burdens, and moral confines. Through Aid Access, abortion becomes possible through networks of feminist organizing, echoing the work of the Jane Collective in the 1960s and 1970s. Aid Access operates in the margins, where discretion is both a safety measure and a strategy of survival.

Reading against the grain, the "glitch" celebrates the political and imaginative ways out of restrictive realities like those shaping abortion access in the U.S. Aid Access invites a vision of reproductive care grounded in collective autonomy, echoing Russell: "as glitch feminists we are not one but many bodies" (Russell, 2020, p. 151) […] "we will search in the darkness for the gates, seek the ways to bring them down and kill their keepers" (p. 152). Abortion knowledge circulates quietly, often sustained by word-of-mouth and informal digital networks. Many would not have known about the option of self-managed abortion unless they were already in the position of needing it. This scarcity of information reinforces a culture of silence and fear, keeping self-managed abortion in the dark.

Viewing Aid Access and self-managed abortion as a "glitch" reframes abortion as an act of refusal, mobility, and survival. For many, using Aid Access is a dislocating experience that alters their relationship to autonomy. It interrupts internalized narratives of shame and reframes self-managed abortion from an act of desperation to one of agency. The glitch opens a space for political transformation by allowing care to be imagined as something claimed through solidarity, rather than something granted by the systems that restrict it.

Crucially, the evaluations, anonymized for privacy and confidentiality, are kept hidden, even though they contain the raw material for a counter-narrative to dominant legal, medical, and political frameworks. According to Vicky Bell's (2021) theory of the hierarchy of the file, institutional language dominates, relegating personal narratives to a secondary position. This hierarchy separates "official" clinical or legal language from emotional expressions of fear, distress, or uncertainty. Yet, alongside these, there are moments of joy, relief, pride, and excitement, emotions that institutional language rarely capture. These acts of inscription, read against the grain, reflect the complex reality of taking control over one's reproductive life, forming a counter narrative to the dominant legal, pro-natalist narratives. They express what institutional language cannot. Beyond the material analysed in this thesis, there exist thousands more unheard evaluations of collective resistance, silenced and buried by stigma, precisely because they must remain hidden.

If abortion were widely known and named as safe, effective, and ordinary—accessible early, without shame or punitive consequences—the moral panic surrounding sex, pregnancy, and bodily autonomy would begin to unravel. Medically, the facts are clear: when taken early, abortion pills pose no long-term physical or psychological harm. The mortality rate of childbirth is 14 times higher than that associated with medication abortion (Advancing New Standards in Reproductive Health, 2019). Still, access remains restricted. Not because of medical risk, but because abortion continues to be framed as dangerous, morally suspect, or a decision that must be justified through hardship. The glitch reveals how these barriers are enforced, not inevitable. Aid Access points to a different future—one where care is already being practiced, already being reclaimed.

Conclusion

The experiences brought forward through the Aid Access evaluations bring the theoretical dimensions of reproductive freedom to life. The relational and materialist conception of freedom outlined in the theoretical framework—one that understands autonomy as the absence of legal constraint and the presence of conditions that allow for self-determination, bodily autonomy, and full participation in social and political life (Amery, 2020, p. 36)—proves central for making sense of the constrained choices of those seeking self-managed abortion via Aid Access. The evaluations, as testimonies to the struggle against these constraints, illustrate how legal access alone is insufficient when material conditions like geography, income, and social support override choice. Indeed, it becomes evident through the evaluations that reproductive freedom must be understood not as a matter of isolated choice, but as a collective and structural concern.

Frameworks such as "glitching" and the "Regime-made Disaster" provided powerful conceptual tools for making sense of these realities—where forced parenthood functions as both a personal constraint and a structural reinforcement of gendered inequality. The "Regime-made Disaster" lens reveals how institutional structures, while appearing neutral or bureaucratic, actively displace responsibility onto individuals and maintain structural violence (Azoulay, 2012, p. 30). Meanwhile, reading the Aid Access evaluations against the grain and engaging with thinkers like Dorothy Roberts in *Killing the Black Body* and Legacy Russell in *Glitch Feminism*, I explored how self-managed abortion operates both as a political rupture and a survival strategy to the "Regime-made Disaster".

With a political climate of increasingly explicit anti-abortion discourse within authoritarian and white supremacist agendas, the ideologies of the Religious Right echo

through figures like Trump, Elon Musk, and JD Vance (The Guardian, 2025). Framed in terms of a so-called "population crisis" (The Independent, 2025) or "economic collapse" (Sherman, 2025), such narratives obscure the material conditions that make reproductive autonomy inaccessible and instead reinforce a regime in which only certain populations are envisioned in the American future. As Reva Siegel and Dorothy Roberts have shown, reproductive control has long been used to uphold hierarchies and exclude marginalized communities from full citizenship. As this thesis has illustrated, Aid Access mobilizes the "glitch" as a form of collective resistance. It offers a radically empowering model of care: one that is accessible by post and is distributed quickly and privately. This is seen throughout the evaluations, as well as in conversation with Roxanne. As Amery (2020) reminds us, abortion has the potential to radically redefine motherhood and womanhood—but only when reproductive choices are fully supported and equitably accessible.

Studying abortion, then, is not merely a matter of health care policy or legality. It involves understanding the broader social, medical, political, and economic infrastructures that shape access and restrict autonomy, as well as recognizing how abortion policy—no matter how restrictive—affects the population as a whole.

Reflecting on this research process, I found engaging with self-managed abortion evaluations to be deeply personal, frustrating, and empowering. Reading these accounts against the grain became a method for witnessing not only policy impacts but also lived experiences of resistance, care, and survival. The "glitch" became an exciting conceptual tool to invite me to notice moments of infrastructural inversion and to better understand how disobedience operates: through Aid Access itself as a glitch, and through the individual memoirs of glitching in each evaluation. More concretely, the quotes showed how crucial informal networks are and

how online platforms enable navigation through restrictive systems. Much like the mobilization of the Women on Waves abortion ships, Rebecca Gomperts strategically uses legal and geographical loopholes to provide abortion access in regions where it is otherwise outlawed. Aid Access, and the individuals who rely on it, embody acts of refusal and reconfiguration that inspire me to think more expansively about the possibilities of care, information dissemination, and reclaiming agency against hostile abortion control. This research sharpened my understanding of feminist methodology, centring the voices of those most affected by the policies we critique and revealing how resistance in every individual case contributes to a broader countermovement. These voices illuminate how care, defiance, and autonomy persist despite legal, medical, and moral constraints.

There are many more forms this research can take. Future research could expand beyond the U.S. and beyond Aid Access, examining what bodily autonomy looks like in contexts of migration where there is no fixed address to receive abortion pills. Alternatively, exploring the implications on the method of pills-per-post if the postal infrastructure on which Aid Access relies were to be restricted or dismantled for self-managed abortion. Including the perspectives of activists, pharmacists, and providers would further enrich our understanding of how abortion infrastructures are being built from the ground up, even as formal protections collapse.

This thesis contributes to a growing body of work that insists on reproductive autonomy as non-negotiable, especially in a time when state and cultural forces seek to narrow that autonomy. Studying abortion means reckoning with the intersections of gender, race, class, and power—and affirming the right to resist.

References

Aid Access. (2025). *Abortion or Miscarriage After 13 Weeks*. Aid Access. https://aidaccess.org/en/page/7393517/abortion-or-miscarriage-after-13-weeks

Aid Access. (2025). *Abortion Questions and Answers.* Aid Access. https://aidaccess.org/en/page/425/abortion-questions-and-answers

Advancing New Standards in Reproductive Health. (2019). Understanding medication abortion complications as published by the FDA. In *www.ansirh.org*. https://www.ansirh.org/sites/default/files/publications/files/mifepristone_safety_4-23-2019.pdf

Americans United for Life. (2023, April 17). *The Pro-Life View on Abortion*. Americans United for Life. https://aul.org/abortion/

Amery, F. (2020). *Beyond Pro-Life and Pro-Choice*: *The changing politics of abortion in Britain*. Bristol University Press.

Azoulay, A. (2012) *Regime-made Disaster: Sensible Politics: The Visual Cultures of Nongovernmental Activism (pp.29-41)* (By M. McLagan & Y. Mckee). Zone Books. https://www.zonebooks.org/books/100-sensible-politics-the-visual-culture-of-nongovernmental-politics

Battaglio, S. (2016, November 3). When red meant Democratic and blue was Republican. A brief history of TV electoral maps. Los Angeles Times. https://www.latimes.com/entertainment/tv/la-et-st-electoral-map-20161102-htmlstory.html

Bhattacharya, T. (2017). *Social reproduction theory*: *Remapping class, recentering oppression*.

Beck, A., Amiri, B., Dalven, J., Arons, J., Chaiten, L., & Roberts, M. (June 24, 2024). *Trump on Abortion*. https://assets.aclu.org/live/uploads/2024/06/Memo_Trump_Abortion_240624.pdf

Bell, V. (2021). Documenting Dictatorship: Writing and Resistance in Chile's Vicaría de la Solidaridad. *Theory, Culture & Society*, *38*(1), 53-78.

Bowker, G. C., & Star, S. L. (1999). *Sorting things out: Classification and its consequences*. MIT Press.

Center for Reproductive Rights. (2025). *After Roe Fell: Abortion Laws by State*. Center for Reproductive Rights. https://reproductiverights.org/maps/abortion-laws-by-state/

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* Sage Publications.

Elliott, V. (2018). Thinking about the coding process in qualitative data analysis. *Qualitative report*, 23(11).

Franklin, C., & Siegel, R. (2022). Equality Emerges As a Ground for Abortion Rights In and After Dobbs. Available at SSRN 4315876.

Friedrich-Karnik, A., & Kavanaugh, M. L. (2024). Has the fall of Roe changed contraceptive access and use? New research from four US states offers critical insights. *Health Affairs Scholar*, *2*(2). https://doi.org/10.1093/haschl/qxae016

Guttmacher Institute. (2025). Interactive Map: *US Abortion Policies and Access After Roe.* Guttmacher.org. https://states.guttmacher.org/policies/california/abortion-policies

Halliday, S. (2016). Protecting human dignity: reframing the abortion debate to respect the dignity of choice and life. *Contemporary Issues in Law*, *13*(4), 287-322.

Hey Jane. (2021, June 28). *Meet the Jane Collective: the groundbreaking abortion access group*. Heyjane.com; Hey Jane. https://www.heyjane.com/articles/jane-collective-abortion-history

Jones, K. B. (2025, January 29). *Stopping the Abuse of Tech in Surveilling and Criminalizing Abortion*. Center for American Progress. https://www.americanprogress.org/article/stopping-the-abuse-of-tech-in-surveilling-and-criminalizing-abortion/

Khazan, O. (2018, October 18). *Women in the U.S. Can Now Get Safe Abortions by Mail.* The Atlantic. https://www.theatlantic.com/health/archive/2018/10/women-on-web-safe-abortion-mail/573322/

Kurtzleben, D. (2022). *The forgotten story of Jane Roe, who fought for and then against abortion rights.* NPR. https://www.npr.org/2022/10/13/1128005826/the-forgotten-story-of-jane-roe-who-fought-for-and-then-against-abortion-rights

Leaming, J. (2023, August 5). *Religious Right*. The Free Speech Centre. https://firstamendment.mtsu.edu/article/religious-right/

Leonard, N. (2021, April). *Epistemological Problems of Testimony*. Stanford.edu. https://plato.stanford.edu/entries/testimony-episprob/#Redu

NPR. (2024, October 31). *Why abortion referendums are also about the economy*. NPR. https://www.npr.org/2024/10/30/nx-s1-5172193/abortion-economy-state-ballot-2024

Russell, L. (2020). Glitch feminism: A manifesto. Verso Books.

Rutgers. (2025, February 20). *Netherlands risks setback in women's rights and equality due to budget cuts*. Rutgers International. https://rutgers.international/news/netherlands-risks-setback-in-womens-rights-and-equality-due-to-budget-cuts/

Sherman, C. (2025, March 11). *The rise of pronatalism: why Musk, Vance and the right want women to have more babies*. The Guardian; The Guardian. https://www.theguardian.com/us-news/2025/mar/11/what-is-pronatalism-right-wing-republican

Shinde, R. (2021). *Abortion Exceptionalism in the Regulation of Telemedicine Medication Abortion Care*.https://www.law.georgetown.edu/gender-journal/wp content/uploads/sites/20/2021/04/Final-Draft_Article-3_Rhea.Shinde.pdf

Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., ... & Ashford, L. S. (2018). Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. The Lancet, 391(10140), 2642-2692.

Stoler, A. L. (2008). *Along the archival grain: Epistemic anxieties and colonial common sense*. Princeton University Press.

The Guardian. (2025, May 4). *Maga's era of "soft eugenics": let the weak get sick, help the clever breed*. The Guardian; The Guardian. https://www.theguardian.com/us-news/ng-interactive/2025/may/04/maga-soft-eugenics

The Independent. (2023, April 20). *Elon Musk mocked for telling Tucker Carlson "birth control and abortion" may lead to collapse of civilisation*. The Independent.

https://www.independent.co.uk/life-style/health-and-families/tucker-carlson-elon-musk-full-interview-abortion-b2323358.html

U.S. Food and Drug Administration. (2023, March 23). *Information about mifepristone for medical termination of pregnancy through ten weeks gestation*. https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-about-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation

Walsh, C. (2024, November 14). *Dorothy Roberts on the intersecting politics of abortion, pregnancy, and family policing*. Harvard Law School. https://hls.harvard.edu/today/dorothy-roberts-on-the-intersecting-politics-of-abortion-pregnancy-and-family-policing/

Women on Waves. (2023, July 11). *Campaigns*. Women on Waves. https://www.womenonwaves.org/en/page/517/campaigns

Women on Waves. (2025). *Who are We?* Women on Waves. https://www.womenonwaves.org/en/page/650/who-are-we

Women on Web (2025). Who are We? Women on Web. https://www.womenonweb.org/en/page/521/who-we-are

World Health Organization. (2022). *WHO guideline on self-care interventions for health and well-being, 2022 revision*. World Health Organization.

World Health Organization. (2024, May 17). *Abortion*. Who.int; World Health Organization: WHO. https://www.who.int/news-room/fact-sheets/detail/abortion

Xing, E., Owda, R., Loder, C., & Collins, K. (2023). *Abortion rights are health care rights Historical perspective on abortion in the United States*. https://pmc.ncbi.nlm.nih.gov/articles/PMC10393219/pdf/jciinsight-8-171798.pdf

Appendix A

Code Book

This codebook displays the code, the subcodes, and the respective keywords that aided identification of the subcodes.

Code:		Legal Infrastructure	
Description: These codes capture the relationship between the experience of a self-managed abortion via Aid Access and the legal infrastructure in the U.S. This connection is reflected in references to legal abortion bans that restrict access, discussions of the *Roe v. Wade* case, and mentions of the 2024 U.S. presidential election, including the election of Donald Trump on November 5th.			
Subcodes			
Abortion ban	*Abortion Legal*	*Roe v Wade*	*Trump Election*
Illegal Not legal Banned Ban Politics Regulation Restrict	Legal	Roe Roe v Wade Overturn Overturning Overturned	Trump Election President Vote Conservative Republican Democrat

Law Trouble Red State Limited State Allow Government Administration American			Maga Uncertain times Scary times Troubling times Times Four Years 4 years Term Incoming Upcoming Office

Code:	Medical Infrastructure
Description: These codes capture the relationship between the experience of a self-managed abortion via Aid Access and the broader medical infrastructure in the U.S. This connection is reflected in several key factors: the individual's prior knowledge of abortion procedures, barriers to access due to travel restrictions, denial of the procedure at medical clinics, feelings of embarrassment in medical settings, and in contrast with traditional healthcare options, the notably swift service provided by Aid Access.	

Subcodes				
Abortion Knowledge	*Abortion Access: Travel Restriction*	*Clinic: Refusal*	*Clinic: Embarrassment*	*Aid Access: Quick*
Education Effective Fast Knowledge Quick Safe	Car Distance Drive Driving Far Fly Hours Plane ticket Transportation Travel	Clinic Closed Deny Doctor Draconian FDA Insurance Refused Trust	Clinic Embarrassment Harassment Judgement Pro-Lifers	Fast Speedy Quick Only __ days No time Next day Timely

Code:	Moral Infrastructure
Description: These codes capture the relationship between the experience of a self-managed abortion via Aid Access and the moral infrastructure in the U.S. This connection is reflected in references to mention of guilt about the decision to have an abortion, the judgement from	

peers for their decision, the privacy experienced by using Aid Access, and implications relating to religious beliefs.			
Subcodes			
Guilt	*Judgement*	*Privacy*	*Religion*
Fear Guilt Guilty Looking back Murder Reckless Regret Risk Sad Think about it Think hard Turn back time	Judge me Judged me Judgement Moral	Confidential Discreet Privacy Private Secret	Faith God Jesus Religion

Code:	"Glitch"
Description: These codes examine the relationship between the experience of a self-managed abortion via Aid Access and the "glitch", a central theme in this thesis. This connection is reflected in references to the in-vivo code, highlighting how self-managed abortion provided "peace of mind" for those ordering abortion pills, as well as the autonomy enabled by Aid Access.	
Subcodes	
"Peace of Mind	*Autonomy*
Peace of mind	A choice Ability Able to choose Allow me Bodily autonomy Circumstances Control Decision for myself Freedom Freedom of choice My body My body my choice My choice

	Own choice Right to choose This option Women's freedom

Code:		Oral Genre
Description: These codes label the quotes in their 'oral genre'- in how they are written as advice, feedback, or praise.		
Subcodes		
"Saved my life"	Advice	Feedback

Life saver Saved my life	Don’t worry I recommend It will be okay You will be fine	Critique I would like it if I would love it if Improvement It would be helpful if Next time What could be done

Appendix B

Informed Consent Form

CHECKLIST ETHICAL AND PRIVACY ASPECTS OF RESEARCH

INSTRUCTION

This checklist should be completed for every research study that is conducted at the Department of Public Administration and Sociology (DPAS). This checklist should be completed *before* commencing with data collection or approaching participants. Students can complete this checklist with help of their supervisor.

This checklist is a mandatory part of the empirical master's thesis and has to be uploaded along with the research proposal.

The guideline for ethical aspects of research of the Dutch Sociological Association (NSV) can be found on their website (http://www.nsv-sociologie.nl/?page_id=17). If you have doubts about ethical or privacy aspects of your research study, discuss and resolve the matter with your EUR supervisor. If needed and if advised to do so by your supervisor, you can also consult Dr. Bonnie French, coordinator of the Sociology Master's Thesis program.

PART I: GENERAL INFORMATION

Project title: "Glitching" the "Regime-made Disaster": How Self-Managed Abortion Enacts Collective Resistance to the U.S. Abortion Infrastructure

Name, email of student: Jeanine Ros, 497162jr@eur.nl

Name, email of supervisor: Rogier van Reekum, vanreekum@essb.eur.nl

Start date and duration: Start: March 2025. Duration 4 months.

Is the research study conducted within DPAS **YES** - NO

If ‘NO’: at or for what institute or organization will the study be conducted?
(e.g. internship organization)

PART II: HUMAN SUBJECTS

1. Does your research involve human participants. YES - **NO**

If ‘NO’: skip to part V.

If ‘YES’: does the study involve medical or physical research? YES - NO
Research that falls under the Medical Research Involving Human Subjects Act (WMO) must first be submitted to an accredited medical research ethics committee or the Central Committee on Research Involving Human Subjects (CCMO).

2. Does your research involve field observations without manipulations that will not involve identification of participants. YES - **NO**

If ‘YES’: skip to part IV.

3. Research involving completely anonymous data files (secondary data that has been anonymized by someone else). **YES** - NO

If ‘YES’: skip to part IV.

PART III: PARTICIPANTS

1. Will information about the nature of the study and about what participants can expect during the study be withheld from them? YES - NO

2. Will any of the participants not be asked for verbal or written 'informed consent,' whereby they agree to participate in the study? YES - NO

3. Will information about the possibility to discontinue the participation at any time be withheld from participants? YES - NO

4. Will the study involve actively deceiving the participants? YES - NO

Note: almost all research studies involve some kind of deception of participants. Try to think about what types of deception are ethical or non-ethical (e.g. purpose of the study is not told, coercion is exerted on participants, giving participants the feeling that they harm other people by making certain decisions, etc.).

Does the study involve the risk of causing psychological stress or negative emotions beyond those normally encountered by participants? YES - NO

Will information be collected about special categories of data, as defined by the GDPR (e.g. racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, genetic data, biometric data for the purpose of uniquely identifying a person, data concerning mental or physical health, data concerning a person's sex life or sexual orientation)? YES - NO

Will the study involve the participation of minors (<18 years old) or other groups that cannot give consent? YES - NO

Is the health and/or safety of participants at risk during the study? YES - NO

Can participants be identified by the study results or can the confidentiality of the participants' identity not be ensured? YES - NO

Are there any other possible ethical issues with regard to this study? YES - NO

If you have answered 'YES' to any of the previous questions, please indicate below why this issue is unavoidable in this study.

_____

_____

_____
_____

What safeguards are taken to relieve possible adverse consequences of these issues (e.g., informing participants about the study afterwards, extra safety regulations, etc.).

_____
_____
_____
_____

Are there any unintended circumstances in the study that can cause harm or have negative (emotional) consequences to the participants? Indicate what possible circumstances this could be.

_____
_____
_____
_____

Please attach your informed consent form in Appendix I, if applicable.

Continue to part IV.

PART IV: SAMPLE

Where will you collect or obtain your data?

My data will be obtained through Dr. Rebecca Gomperts who has access to the back-office of Aid Access. The fill will be transferred via USB at the Women on Waves office in Amsterdam (Domselaerstraat 14, 1093 MA).

Note: indicate for separate data sources.

What is the (anticipated) size of your sample?

The size of the sample is 1296 participants.

Note: indicate for separate data sources.

What is the size of the population from which you will sample?

The population sample is 44,000 total participants.

Note: indicate for separate data sources.

Continue to part V.

Part V: Data storage and backup

Where and when will you store your data in the short term, after acquisition?

I will store the digital excel file in a secure file drive on my personal computer. The file is locked with a 4-digit password as to ensure security. The data will not be stored using cloud services. I have a backup of the data on my external hard drive which I keep at home. I will print the data on paper for annotation which will be kept at home.

Note: indicate for separate data sources, for instance for paper-and pencil test data, and for digital data files.

Who is responsible for the immediate day-to-day management, storage and backup of the data arising from your research?

I, Jeanine Ros, am responsible for this as the researcher.

How (frequently) will you back-up your research data for short-term data security?

Once every week, on Mondays, I will make a copy of my research data.

In case of collecting personal data how will you anonymize the data?

The data I will receive is already anonymized, meaning I cannot see the name or post-code of the participants. This will also not be published during my research. Only the U.S. state will be used during analysis as this is significant for my research.

Note: It is advisable to keep directly identifying personal details separated from the rest of the data. Personal details are then replaced by a key/ code. Only the code is part of the database with data and the list of respondents/research subjects is kept separate.

PART VI: SIGNATURE

Please note that it is your responsibility to follow the ethical guidelines in the conduct of your study. This includes providing information to participants about the study and ensuring confidentiality in storage and use of personal data. Treat participants respectfully, be on time at appointments, call participants when they have signed up for your study and fulfil promises made to participants.

Furthermore, it is your responsibility that data are authentic, of high quality and properly stored. The principle is always that the supervisor (or strictly speaking the Erasmus University Rotterdam) remains owner of the data, and that the student should therefore hand over all data to the supervisor.

Hereby I declare that the study will be conducted in accordance with the ethical guidelines of the Department of Public Administration and Sociology at Erasmus University Rotterdam. I have answered the questions truthfully.

Name student: Jeanine Ros	Name (EUR) supervisor: Rogier van Reekum
Date: 13/03/2025	Date: 19-03-2025