

Transcript: Panel Discussion: What is fair? [ENG]

Lea: [00:00:02] Yes, I'll start by saying: Hello, I'm Lea. But we'll introduce ourselves in a moment. And first of all, I think I speak on behalf of all of us, that we are very, very happy that we could even add a few more chairs. Yes, it's really nice that you've all come here today, despite this change in the weather. I was thinking earlier about getting a bike here today. I'm glad I didn't. Today we want to talk together about Paragraph 218. In recent years there has been more and more movement. Section 219a was deleted after long, long battles. And now the "Ampel" coalition has also decided to consider removing Section 218 from the Criminal Code and placing it somewhere else in the Pregnancy Conflict Act. And that's what we want to talk about a bit today, but also not only about abortions per se, but also enact the whole thing in a broader context. And that is in the context of Reproductive Justice. The basis for our discussion today is the policy paper of the Women Lawyers' Association, which Leo will explain to us in more detail later. It may sound a bit stubborn at first, the Policy Paper of the Women's Lawyers' Association: Is it only a legal issue? What can we do with it? How can we make the paper a little bit more accessible to you? I think that is also a bit of the idea of today's event and we have simply taken it as a thread to take a few key topics from the League of Women Lawyers (Juristinnenbund) paper to discuss them. Everything is in the context of §218, which means that we will explain it to you again in a little more detail in a moment. First of all, I would like to make a small disclaimer: Of course, we have a limited framework. We will try to keep the discussion to 45 minutes to an hour. I hope we can manage that. And because of this limited framework, we cannot of course deal with all the issues in these 45 minutes. But we are aware that abortion has a lot of intersections with other issues and different people face different challenges in relation to abortion. And we will touch on some of them today, definitely not all of them. But we're also looking forward to hearing your perspectives and if you feel like bringing something in. And I think you can also see this event today as a kind of prelude that doesn't claim to do complete justice to the topic, but simply offers a little insight - just that as a little disclaimer. Now I look to my smart cards and it says brief introduction.

And I would say, maybe I'll introduce SGU again first, so Stimmrecht gegen Unrecht. We're hosting the whole thing today, Leo and I as moderators. And Stimmrecht gegen Unrecht was founded in 2018 in the form of a free collective. At the time, we did a lot of work on Paragraph 219a, which was also the motivation for the founding, we organised various letter protests and were active in an activist context, for example organising human chains. And at some point we realised that somehow we were still enjoying it, and now we are sitting here after one and a half years and have decided to make the whole thing a bit more binding. Maybe we've taken the next step from a situationship to a relationship. Exactly, and now we are still sitting here

today and in the meantime we have become a registered association and at the moment we would rather classify ourselves as a feminist educative association. And that's how this event is taking place here today. Right, then I'll briefly say something about myself: I'm Lea. My pronouns are she/her and I situate myself as a *white*, cis woman. I've been with SGU from the beginning, for almost five years now, and I've been doing press and public relations work for the past few years. But actually we all kind of do everything, because we always have too much to do. That's how it often is with voluntary work. Exactly, and I would give it directly to Leo. [00:03:55][75.5]

Leo: [00:03:58] Then I'll introduce myself again briefly as the second, the second part of the moderation duo. Right, hi, I'm Leo. You will hear my voice a few times today. My pronouns are also she/her and I also situate myself as a *white*, cis woman. I've been with Stimmrecht gegen Unrecht for four years now, I've also slithered in and started out in press and public relations work. In a way, we all do everything now. And exactly, we were really keen - I think it was also a bit of an impulse from us - to do this event on this topic, because this policy paper offered such a great anchor point in December, to actually talk about the legal situation of abortions again. Yes, maybe that's as far as I'm concerned.

Lea: [00:04:56] That sounds great and now, I would say, it's time for our guests to introduce themselves. And since we're not on Markus Lanz, they can introduce themselves. And that's why I would just like to - I'm also going to use this joke to the full this evening - and that's why I would just like to give the floor to you, Britta. And then you could just continue like this.

Britta: [00:05:17] Hi, I'm Britta. I hope you can all understand me so far. If you want me to speak a bit louder, feel free to just give me a hand signal. My pronouns are also she/her and I also locate myself as a *white*, cis woman. I studied law in Cologne and now I have my first state examination and I have specialised in medical law and also in medical criminal law and I also have professional experience in women's rights practices and of course it's a personal topic for me and that's why I'm here today.

Niki: [00:05:54] Yes, hello. My name is Niki Darkos or in Greek Niki Drakos. I also position myself as a *white*, cis woman. I work at the Women's Circles (Frauenkreise). It's a feminist association, a feminist project in Berlin-Pankow. We do work that is critical of racism, intersectional, feminist, educational - also educational, actually similar to what you just said. And I sit for the women's groups in the Reproductive Justice Network and as such I am actually on the panel today. So I represent, as far as I can, the Network today. And yes, I am 50, a single mother, I had an abortion and that's it. More maybe in the conversation.

Elisa: [00:06:51] Yes, hello, I'm Elisa. I'm a medical student and I'm here for Medical Students for Choice. I also position myself as a white, cis woman and I've been involved with Medical Students for Choice for five years. We are a student initiative that works on the issue of abortion and has worked primarily to bring abortion more into the medical curriculum and to improve the teaching of it. And exactly, speaking for the association here today.

Lea: [00:07:27] Top, now you and we know again who you all are. And I thought I'd tell you a little bit about the schedule for tonight and so that you can get a bit of an idea of how we've structured the whole thing here. And we're going to have two mini-inputs from Leo. The whole thing will probably be about 15 minutes and I think that's a good prerequisite just to start the discussion afterwards. Leo will briefly pick us up again on the legal situation of abortion, the status quo, so to speak, from which we are currently arguing and where the policy paper also starts the criticism or the ideas for a new negotiation. And then it's about the concept of reproductive justice again. Leo will explain this to us a bit, because we as SGU did not start out by saying that abortions are reproductive justice. We have to be very self-critical, because we somehow started to perceive abortion as a very singular struggle, even though we were aware that there were intersections with other issues and discrimination. But in the last year and a half, we have increasingly dealt with this and are now on the way to positioning ourselves more in the struggle for reproductive justice, even if we don't claim to be the first point of contact for this. But we now locate the debate on abortion there, and Leo will explain that to us a bit more in a moment. Then we will start the discussion and, as I said, we have worked out different main topics from the policy paper. Of course, there are also, I think, two or three now. Exactly, and we will work on them a bit, but it will not be completely static. So this policy paper will always bring us back a bit, but we will also leave the path now and then - to use another unpleasant metaphor. Exactly, and then there will be a discussion at the end and we are also very happy if you participate. There is a microphone there, you can stand there so that everyone in the room can hear you. And maybe a small hint. We will record the event with video and audio, but of course we will turn everything off from the moment we start the discussion. That means this is a space where you can just freely share your thoughts and keep it between us here. We can actually start so far, I would say. And I think the first question I would like to ask all three of you is: What were your first thoughts when you read the policy paper and the ideas on how to regulate abortion outside or anew, outside the penal code? And ,I don't know, anyone want to start directly?

Elisa: [00:10:10] Yeah, so I think after the first reading I was very positive at first. I think the policy paper has addressed many important aspects. So we will briefly unravel that again in a moment. But it was not only about the need to abolish Section 218a, it also addressed the health care situation, that it should become a health insurance benefit. So, it was simply considered in a very holistic way. I thought that was very good. And yes, we will perhaps discuss the small points that I found worthy of discussion again today in the course of the evening. But the first impression was definitely very positive. It was very progressive. Reproductive justice was also discussed right at the beginning. That, exactly.

Britta: [00:11:09] Then I would say very briefly what I thought about it. I also thought it was good that paragraph 218 should be deleted without replacement and simply be regulated completely outside. What struck me a bit was that I found some of the arguments a bit fuzzy or also quite quick to invalidate, at least from the perspective that I have. I found the approaches very, very good. For me, however, it still left a bit of room for manoeuvre and definitely a lot of room to critically question and somehow discuss different opinions. Yes, that was my first thought.

Niki: [00:12:01] Well, I have to admit honestly that I only skimmed it. But of course that's also a bit in the nature of things, that in my work we really look at the whole issue from a completely different perspective. And perhaps I can explain very briefly that the women's groups also work very closely together with the "Space2grow" project. This is a self-organised project by and for refugee women and immigrant women and FLINTA*, or in this context people with uterus. And they accompany and empower, advise and simply try to improve the living situation. Mutually, with and for each other. And in this context, abortion is hardly an issue. It is an issue from time to time, but by far not as important as the other side of the coin, namely the undesirability of offspring, the undesirability of pregnancy and so on. So I just look at it from the other side. Nevertheless, all this is totally important. And still, of course, choice and self-determination is the absolute priority in every aspect. But really in every aspect, from every perspective. And that is, that must not be lost. But that's why I look at a paper like this so good and oh great, that something is moving, great. But if we look at the whole thing globally, how the situation is shaping up globally with pregnancy and prevention and how many women worldwide die in pregnancy, how many children die before their 15th birthday and so on. So, these are dimensions that we talk about far too little and therefore, yes, for me it's good, but it's far from sufficient.

Leo: [00:14:14] Thank you, Niki. And thank you for giving us such a little impulse, all of you, what you think of it. I'll pick it up from you right now, Niki, you've already sort of hinted at it, also what Lea just said. We want to situate the evening more in the

context of reproductive justice. In order to pick you up again at this point, what that actually means. Many of you, including us, I think we would say, also in our organisational history a little bit, actually come from these demands of Pro Choice, that is, the demand, the desire to have the freedom to decide, above all, to be allowed to carry out abortions. This is above all a debate that is totally present in Germany. But it is also, and Niki has just touched on it so beautifully, a debate that primarily concerns certain groups or is demanded from the perspective of certain groups, namely those who primarily see a problem in the fact that they have no access to abortions. But it does not take into account, among other things, that there are social groups that demand abortions and sterilisations, where contraceptives are foisted on people because they do not want certain groups of the population to reproduce. And that has everything to do with biopolitics and reproductive politics. And that's why it's so important that when we talk about abortion, we always situate it in the sense that we can look at it from several sides. Perhaps I can summarise it again, because I think the Reproductive Justice Network has summed it up quite well, and I'll just quote it now, because I think it's a good starting point for all of us, what it actually means: because reproductive justice means first of all the right to become pregnant, to make decisions about childbirth options and to have children. The right to prevent or terminate a pregnancy and the right to raise children free from institutional and interpersonal violence. And this shows, as I said, that this is much broader than what we are discussing today or often in Germany.

Now, you have probably already seen Paragraph 218 of the Criminal Code in one place or another. And in general we know that at such events we mostly sit together with people who come from the bubble anyway. But at the same time we don't want to take that for granted. Therefore, for today's event, as Lea has already announced, I would like to give you a brief input on the legal situation regarding abortion in Germany.

Because it is indeed the case that many people still think that abortions are legal in Germany. But it's not the case. So abortions are illegal in Germany and that's what Section 218 of the Criminal Code does. To be honest, this is the only health service that is regulated in the Criminal Code and it comes directly before murder and manslaughter. So you can see the context in which abortions have been legally regulated up to now. Section 218 makes abortions punishable in principle. However, people are not punished if they perform the abortion according to certain criteria. And these criteria are also listed. And one of them is that you have a duty to seek counselling. So you have to get counselling beforehand and three days after the counselling, you are allowed to wait another three days, so to speak, before you can have the abortion performed by a doctor. That is the condition, so to speak. And you have to be within twelve weeks of conception, so to speak. However, there are two

exceptions that make abortions exempt from punishment. One is a medical indication and the other is a criminological indication. An indication is, so to speak, always an assumption or a medical assumption that indicates that a certain intervention is now legitimate to perform. If I may say so crudely. And a medical indication means that there is a danger to the body and soul of the pregnant person with uterus, that is, the pregnant person is that she is at risk. And in fact I find it relatively frightening, and perhaps this is something we will touch on later, that a distinction is actually made in the legislation. To say again, does it come from the mother, so to speak, or is it due to the fact that the foetus was indicated with a disability. So a distinction is also made again that there is a danger to the body and soul of the pregnant person because of this. And the second point is a criminological indication. This means that after rape or sexual abuse, for example, abortion is also exempt from punishment. But even then you can only have an abortion up to the twelfth week. If there is a medical indication, there is no time limit in Germany. That is the legal situation and it is indeed relatively complicated. When you think about the different situations we all find ourselves in during our lives. What is actually an achievement is that paragraph 219a was abolished last year. For a very, very long time, it regulated that doctors were not allowed to provide information about abortions. That means that they were not even allowed to say on their homepage that they perform abortions at all. This was then revised again in 2019, so to speak. But even then, doctors were not allowed to say what kind of abortions they perform, for example. What was also always a problem was that certain interventions, for example a medication abortion, can only be performed up to a certain week. And if I'm, I think it's the eighth week or something, and I'm already over that and I don't know what kind of abortions my gynaecologist performs, then I might have a problem at the end. And that's exactly why it's good that §219a has now been deleted and doctors are free to provide information about it. But of course we are sitting here today because I believe that at least all of us on the podium would like to see abortions no longer punishable in Germany. And that is also what the German Women Lawyers' Association wants and that is why it has published this policy paper. Perhaps we could also briefly introduce the German Women Lawyers' Association: We don't want to make it so super-present here today, in the sense of that's this organisation. But they are indeed a central figure when it comes to participating in the drafting of laws or the deletion of §219a, for example. Or there was, there is now also a new law on catcalling. The Women's Lawyers' Association - a non-profit association of several women lawyers who have joined forces to work on certain issues, especially those concerning the rights of FLINTA* - has also published a policy paper. This means recommendations on what such legal regulations could look like.

And since the Women's Lawyers' Association regularly sits on commissions that also work on these draft laws, it is relatively important to take a look at what they have proposed. Now I want to take you with me very briefly before we go into the discussion: What does this policy paper actually say? And here, too, I will refer to my documents, my notes. This policy paper was published by the Women Lawyers' Association in December 2022, i.e. only a few months ago, and was prepared by the Criminal Law Commission of the Women Lawyers' Association. Basically, it is structured in such a way that they first explain why it is necessary: So why do we have to regulate §218 outside of the penal code? But we will come back to that in a moment in our discussion. And then they set five priorities with recommendations. And one of the main points is to say that abortions must be regulated outside the Penal Code and should rather be regulated in the Conflict of Pregnancy Act. However, they say, and this is a position of the Women Lawyers' Association: There should nevertheless continue to be a time limit regulation. That means that there should still be a time limit until when abortion is allowed. They specify between the 22nd and 25th week. Another position of the Women Lawyers' Association is to abolish the obligation to consult. At the moment, it is compulsory to seek counselling before having an abortion, and this should be transformed into a right to counselling, i.e. to equip the relevant bodies with this right, financially, for example, so that every person can exercise this right. Another position is to anchor abortions as benefits of the statutory health insurance. Because that is still not the case either. So, if I don't have a medical or criminological indication, or if I'm above a certain income limit and it's not honestly that high, then I always have to pay for abortions myself. And depending on whether it's a medical or surgical procedure, the cost can vary greatly, but it's always in the upper one-digit hundreds, i.e. 500 € upwards. Exactly, so far not a health insurance benefit. Another point is the security of supply. Lea will say something about this later, and it is now disastrous in Germany. In the last ten years, I think, the number of practices and doctors performing the procedure has fallen dramatically. If we look at certain federal states, for example Bavaria. It is now almost impossible to get an abortion within a radius of 300 kilometres. The main issue here is that the Länder are fulfilling their mandate to ensure health care and also - and this is particularly exciting when we talk about it again later - what do we actually do about the question when doctors or hospitals actually have a public responsibility for health care, i.e. are in public service, but at the same time decide, for example for reasons of freedom of conscience or freedom of religion, that they do not want to perform abortions.

So somehow this dispute is something that needs to be discussed. The Women's Lawyers' Association clearly states that hospitals have a public health duty and should also be allowed to oblige people and doctors to perform abortions if they want

to work in their hospitals. The last point, and then we already have it with this little input, is the topic of education. The Women's Lawyers' Association, as Elisa has just mentioned, is also advocating in this paper that abortions be integrated into the programme of medical training. And not only, as it is until now, I think that means under ethical questions, medical ethics it will, I think [00:27:57][822.4]

Elisa: [00:27:59] Yeah, so so far it's like abortions are often only taught from the ethical and political perspective, if at all, and but medical aspects are not. Which is absolutely unusual for medical studies, so that you sit down and only talk about political aspects and not medicine. Doesn't happen otherwise for any other topic or at all actually. And accordingly it's really a blatant different treatment of this subject. [00:28:26][27.8]

Leo: [00:28:28] Thank you, exactly. So that it's also taught how to do that for example. That should definitely be part of the training programme. So much for the positions of the policy paper. We will come back to this at one point or another and now I would say start, enough of the preliminaries, let's start with our, yes, round. [00:28:52][23.6]

Lea: [00:28:55] Yes Leo, thank you very much for that detailed input. I think now we're all starting on one of those, we've got a good starting point, I think, for the next few minutes. And I'm going to row back a little bit now. So we were just at the Policy Paper and I want to go back to the status quo with you and the first thing we want to do now is to deal with this: What is the current situation of unintentionally pregnant people, but also of doctors who currently perform abortions? What is the current legal situation? And I would direct my first question to Britta: When I dealt with this topic for the first time, I didn't know that abortions were included in the penal code. And I actually believe that until today it was one of my, i.e. for me the strongest motivation to stand up for it, because I somehow flew out of the clouds and I always notice when we did protest actions for it on the street or approached people that we actually always caught them with it. They were like: what the fuck is that in the penal code? I didn't know that at all. And I would like to know from you: Why is a legal regulation of abortions in the penal code problematic? [00:29:58][62.6]

Britta: [00:30:00] Thank you first of all. Yes, as has just been said, abortions are de facto punishable, they violate criminal law and are therefore illegal. Regulations in criminal law should always be, in legal circles they call it ultima ratio, the absolute last resort. And that's why, and I'm just going to jump on this now, we call it a socially and ethically unvaluable judgement. So I'm just going to keep talking about injustice. That means that if you violate it, you get the stamp of approval: you've done something wrong. Because section 218 paragraph 1 originally says: "Whoever

terminates a pregnancy shall be punished with imprisonment for not more than three years or a fine. That is the first thing you see when you open paragraph 218. And because it is in the penal code, both the pregnant person and third parties who perform the abortion are liable to prosecution. The counselling solution, which has just been explained and is in §218a, is merely an exception. For Juranerds it means that the offence is not fulfilled, so to speak. This means, however, that it remains unlawful and the injustice, that is, this stamp of injustice that is put on you, continues to exist. I hope that was halfway understandable. Because then I will come to what this actually does. This unjust verdict stigmatises both pregnant people and doctors, and in my opinion, the stigmatisation leads to doctors simply no longer daring to perform abortions, and for this reason they can no longer morally represent them. For pregnant women, this leads to enormous psychological stress. And I would say that this is already a psychological burden in general. But when you hear from all sides that this is not right, this is wrong and this is ethically reprehensible, because this is what the law actually says, it leads to enormous stigmatisation. And then it becomes a bit dogmatic, yes, indeed. That's why I have to briefly mention it again, so that I can explain it to you properly. So, why we are all here is because of the right to self-determination. And the right to self-determination is not sufficiently taken into account by the regulations. So far, the state has legitimised this by saying that it has a duty to protect the foetus. That is, it protects the foetus, so to speak, or wants to protect the foetus and puts that above the right to self-determination. But in law in general, especially in fundamental rights, there are basically no such great duties to protect and there are also no performance rights per se. Because the state thus also says that the foetus has, so to speak, a right to be carried, i.e. a benefit. And actually such performance rights are rejected per se in the fundamental right, except in this case. Exactly. And there is one exception and that is the medical indication. And they say that in some cases it is unreasonable and then the unlawfulness does not apply. That means that only then does the stamp of injustice disappear. Yes, that's a brief summary. [00:33:43][223.0]

Lea: [00:33:45] Yes, I think that shows quite well the extent to which bodies that are capable of reproducing are simply regulated differently by the state and that de facto this does not happen to bodies that are not capable of reproducing. And I think that alone shows an imbalance. And I think this point is also very important: how do we want to normalise abortions and get rid of this social stigma if the state wants to punish us for it? And that's why there are a lot of demands that a complete destigmatisation can only work when we have decriminalisation. Yes, and I would like to ask Niki another question, perhaps to point out how this legal situation affects refugees and migrants in particular. So to what extent this reality of life also partly aggravates the situation, this legal and personal situation. [00:34:46][61.1]

Niki: [00:34:50] But you mean now in relation to abortion, ne? Yes, I think it is also, it overlaps a lot with class. That is first of all, I think, a very, very important aspect. That when we talk about abortion and who has access to what services, it also has a lot to do with money. You have just told us what it costs and that the probability that a well-off person can gain access in some form is much greater than that of people who are simply poor. And in this respect there is a huge overlap, of course, and especially for refugees and immigrants with language barriers, with a lack of money, with the overlap with racism. In other words, the general racist state of affairs that prevails in the health system in general, in society in general. All these are barriers on the way to such a service per se. So, that means everything that is already difficult to get for white people with uterus, depending on where. So especially refugees, immigrants are often accommodated in rural areas, in some anchor centres in the sticks, where a bus goes somewhere once a day, if at all, and where these benefits, well really, they are actually not available. That is, de facto, not possible. So these are huge problems, of course. So for those who want an abortion and who want to have one, it's almost impossible. [00:36:53][123.0]

Lea: [00:36:54] I found it really exciting, because in preparation for the panel discussion today I also read an article from the Taz. They did a research that many refugees and migrants go to the Netherlands because there you can have an abortion up to the 24th week of pregnancy and I simply found this perspective very important. Escape routes are usually simply longer. What happens when refugees experience sexualised violence on the way? They come to Germany and are then somehow confronted with a regulation of twelve weeks. And that usually doesn't work. And I found this research by the Taz to be an important perspective on the fact that some people have to leave Germany again in order to be able to have an abortion. I would like to change the focus to doctors and ask you: What is the status quo of doctors? And what is the current situation with regard to the legal situation of abortions and the possibility of performing abortions and perhaps also with regard to this current social climate? [00:37:58][63.3]

Elisa: [00:38:01] Yes, so in general you can first say that the stigmatisation that exists in society, the tabooing of this topic, also exists in medicine. So in medicine there is just as much fear of contact and of course it is based on this legal situation. And just to briefly pick up on what was said earlier, the supply situation. It is simply the case that the number of clinics and practices that perform abortions has decreased by 45% since 2003. That is almost a halving. So these are really dramatic conditions. In rural areas, there have been cases of doctors who have continued to perform abortions well past retirement age, simply because they were the only

person in the huge catchment area who performed abortions. Of course, there are big differences. In conurbations it is usually somewhat better, in rural regions and also generally in the south of Germany it is worse. And the fact that people in large regions perform so many abortions on their own. This naturally creates extra work. In contrast, if it were simply distributed over several shoulders. If all gynaecologists did this, each gynaecologist would perform fewer abortions overall and not everything would be centred on these few people who still do it. That is one thing. That means that people who are more or less committed to this topic, doctors, are then under extra pressure, so to speak.

And furthermore, although Section 219 has now been abolished, it has also influenced the reality of life for doctors who perform abortions for a very long time. Because there were a lot of charges filed against them and this naturally caused a lot of uncertainty and, in case of doubt, also contributed to doctors deciding not to perform abortions. Exactly, and perhaps one additional piece of information. There is also a so-called special operating procedure for the medication needed for abortions, i.e. the tablets. They have to be - well, it doesn't work like it normally does, that a prescription can be written, the person can pick it up at the pharmacy, so it's not a cash prescription anyway. - but it has to be delivered directly to the practices, so to speak, the medication, or the clinics that carry it out, and the person in the practice has to hand out the tablet, so to speak, and then has to keep a record of every single tablet that he or she dispenses and store this data for five years. So that is somehow a completely absurd, also bureaucratic, hurdle that cannot be justified medically at all. So there are just so many different aspects that play into it, that make it simply unattractive for doctors to perform abortions that are completely beyond any moral concerns. So it's rather a rarity or an exceptional case that doctors really don't want to perform abortions because of profound, i.e. deep religious ideas. It's actually not common at all. [00:41:50][229.3]

Lea: [00:41:52] Yes, maybe I'll briefly follow up and contextualise this intimidation of doctors a little bit. It was mainly the "pro-life" movement that started it. The "pro-life" movement is against abortion and has a very backward-looking cultural understanding, but also an understanding of society and morality. And they have systematically intimidated doctors in recent years and sometimes even sent death threats to doctors. And that has definitely, there are several reports from practising gynaecologists or people who perform abortions who have reported that this intimidation has taken place. And I would say we're kind of left with the supply situation. I had already looked up similar figures as you. Let's go back to the nationwide overview of where abortions can be performed. You just said that. And I found it exciting, because I would also like to take a look outside of Berlin and go to Bavaria. Because the supply situation in Bavaria is currently dramatic and I also read

another article by "correctiv.org". This is a research platform and last year in March they did extensive research and a data analysis on the current situation, because other sites don't actually have it yet. Exactly, and they cooperated with "Ask the State". And all in all, I wrote down 309 clinics and they asked for the clinics that have a gynaecology department. And we said: Hey, do you perform abortions and if so, under what precautions? And the numbers are really ultra-crass.

There are a total of 83 public hospitals with gynaecology departments in Bavaria. 36 of them do not offer abortions at all, 27 only on the basis of medical or criminological indications presented by Leo, and 9 according to counselling indications. That is just one tenth of the hospitals. So you can imagine the situation in Bavaria and I also read in the Taz that about 11,000 to 12,000 abortions are carried out in Bavaria every year and almost two thirds of them in Munich itself. So, in the big cities, and in the rural regions, as Leo said earlier, those affected sometimes have to travel 200 or 300 kilometres to find a place. Then there is the additional time pressure of these twelve weeks. So we see that this whole construct simply doesn't work and puts those affected under increasing pressure. And the German Women Lawyers' Association is proposing a regulation to enforce security of supply for abortions. Currently, according to the Pregnancy Conflict Act, no one is obliged to perform abortions. Exactly, so unless the (unintentionally) pregnant person's life is somehow in danger. Exactly. And the Basic Law prescribes freedom of conscience, so to speak. That is, persons have the freedom to make decisions and take actions based on conscience, free from external coercion. And these two factors, freedom of conscience and the law on refusal, are invoked by doctors, but also by clinics, when they refuse to perform abortions. And the German Women Lawyers' Association says, okay, there is now this tension between the law on refusal and the freedom of conscience of doctors and clinics. But they also say that hospitals, as Leo said earlier, which are part of the public health care system, must also ensure that abortions can be performed and that the security of care is given. And the Women's Lawyers' Association therefore says that the performance of abortions can also be made a recruitment criterion for these hospitals. They should say that we only hire doctors or people if they want to perform abortions. And therefore, perhaps once again from a medical perspective: Do you think this is a proposal that can bring something? Does it have a chance of improving anything? Or do you have the feeling that it won't really change anything if there is this change, that hospitals have more pressure. [00:45:59][246.3]

Elisa: [00:46:00] Well, I think the problem is not so much that individual doctors are hired who refuse to perform abortions. That's why I don't see such a big lever of change. Because the problem is much more what you have already said, that there are entire clinics that are part of the public health care system because they treat

patients who are covered by public health insurance, but have church sponsors, religious sponsors, who therefore do not perform abortions. That doesn't mean that all the people who work there have a certain conflict of conscience. That would be an insinuation. And I don't believe that it is true in case of doubt. That is to say, I see the greater leverage in forcing these clinics to perform abortions or at least to leave it up to each person individually and not to decide from above. [00:47:02][62.3]

Lea: [00:47:06] Yes, I also find this image so blatant. For years, the state has allowed doctors to be stigmatised and attacked by §219a. It's just a question of whether they are also capable of changing this, so that the security of care also changes. Yes. You're welcome to any... [00:47:27][21.0]

Niki: [00:47:27] Yes, may I say something about that. Because it's, haaaaa, it really makes the hairs on the back of your neck go up. It is a social issue. It's not about individual doctors or one person who, ah, my conscience. That's all humbug. It's social pressure. That might be true, I don't know, one or two, okay. But it's about social stigma. It's about fear of being excluded in a social climate. And this double standard, it upsets me. My heart is really pounding because I'm so upset. I have to come back to the refugee story. And what is happening right now, what is happening worldwide, how we are murdering people in the Mediterranean, how we are murdering children. And then on the other hand, this issue, to go and talk about the protection of life. That is a huge contradiction. It's not compatible and that's why it's totally bigoted and not to be taken seriously. And of course there has to be an order that these things have to be done. Hospitals simply have to be obliged to do it because it's a service that we have a fucking right to. Excuse me. [00:48:46][78.5]

Elisa: [00:48:49] Maybe also on that. So this right of refusal, the freedom of conscience, which is protected by law - maybe Britta can say something about it - which exists for abortion, which exists only for abortion. So, in medicine, all kinds of interventions are carried out that may be in areas of ethical tension. But nothing is specifically protected. Only the right to refuse an abortion is specially protected. I also criticise this in principle. Doctors for Choice, for example, is also calling for its abolition. In other countries, for example in Sweden, doctors are obliged to perform abortions. So especially when you look at the health care situation and simply the right to reproductive health, to health care services for patients, which also plays a part in this, I find this extra protection that female doctors can refuse to do this very questionable. [00:49:58][68.5]

Britta: [00:50:03] Then I would briefly go into freedom of conscience again. When I read the policy paper, it was argued that pregnant people should also have the right to abortion on the basis of freedom of conscience. But then I read that, for example,

freedom of conscience should not count for doctors. At first I was sceptical, because in one case freedom of conscience was very, very high and then suddenly freedom of conscience was very, very, very low. That's just my legal opinion. Most of the time I have a different personal opinion, or I have a different personal opinion on many things. But then I also noticed: Every person is free to decide whether he or she wants to study medicine. And that's why I don't think it's necessary to argue with freedom of conscience. Because every person has the right to do and study what he or she wants. So the right, whether one can do it out of other possibilities, is just the other question, out of social hurdles. But then the people who actively refuse to do so might have to think about whether this is the right area for them. [00:51:22][79.1]

Elisa: [00:51:24] Yes, I would agree with that. Especially whether gynaecology is the right field. There are enough areas in medicine where you really wouldn't get into the situation of performing an abortion. But it is the most frequent intervention in gynaecology. So you have to bear that in mind. And there are about 100,000 abortions per year in Germany and the fact that the only people who are trained for this, the only people who are allowed to perform abortions, i.e. doctors, are allowed to refuse, that is protected even more. In other words, something that is essential basic care. I think that's actually pretty bad. And yes, as I said, it is also handled differently in other countries. And there are simply enough areas in medicine where you can work. If you don't want to contribute to the basic care of people with uterus, of women, I don't think you should work in gynaecology. So that's just the way it is! [00:52:33][69.5]

Leo: [00:52:38] Yes, thank you. We're really getting into the discussion. And I hope that I will now take up this dynamic of yours and bring it into the next topic. We will now stay with the topic, actually, this policy paper and also decidedly abortion, before we want to open it up a bit more later. But we would like to devote ourselves once again to a main topic that is actually discussed in different ways within feminist movements and circles that deal with it. And that is the issue of the regulation of the period of pregnancy. Perhaps a brief anecdote: When this policy paper was presented in December 2022, various associations were initially invited, where the Women's Lawyers' Association presented it and which also presented that they wanted abortion to be removed from the penal code. But they still want to keep this time limit regulation, precisely because the state has the obligation to protect life according to the Basic Law. And they argue that the closer a foetus grows to its legal status, more or less, the more it has the right to be carried to term. That is, I would say, the rough attitude to it and that is why we need a regulation on time limits. And I found it totally exciting because this was presented and Alicia Baier from Doctors for Choice, who used to be with the Medical Students for Choice, was totally straightforward and was like: No, this has to go. So we don't need any more time

limit regulations. And yes, that's why it's also a debate that I think is sometimes handled very differently. And now I would actually first, I think I would first ask Nici: Is that okay? Yes, how would you from the network feel about such a time limit regulation? [00:54:53][135.2]

Niki: [00:54:58] Yes, I think I can go so far as to speak for the network. My network colleagues will correct me if that's not the case. But, yes, of course, the period solution has to go. Because what is actually behind it? What image of humanity is behind it? What image of the person with a uterus who wants to have an abortion? That still has a lot to do with stigma, including sexuality. It has a lot to do with it. It has something to do with consciencelessness, this narrative of a conscienceless person who just kind of goes for it and then oh yes, I want to, I don't want to, well, and who doesn't care about anything. That's what's behind it. And we reject that. And then there's the huge complex of rejectionism. Because it is quite well known, and we have already briefly mentioned it in the preliminary discussion, that late abortions very often have to do with disabilities and that this is the reason. And the question is, of course, what is the stigma and what is the narrative that goes hand in hand with disability? And why is this such a topic where you immediately think: Oh shit, I can't do that, I can't have a child who is disabled. For God's sake! I hope that the expression, I use the expression disabled, written with an underscore, but only for the plenum, I hope that it is okay. Yes, well, what an idea and what a normalisation of ableism is in there, in this discussion about the regulation of the period. [00:57:04][126.2]

Leo: [00:57:08] You mean especially, so to speak, also when we have a time limit and disabled fetuses, but just continue, so to speak, the stigmatisation that is in it. There is a time limit and beyond that, however, disabled fetuses can always continue to be aborted without being affected by the time limit. Is that what you mean? [00:57:27][19.3]

Niki: [00:57:29] Thank you for... [00:57:29][0.2]

Leo: [00:57:30] I thought for the plenary maybe again. Okay, thank you. Leo: Yeah, Britta, Elisa. What do you say? [00:57:37][6.9]

Elisa: [00:57:40] Yes, so maybe briefly again in general about these deadlines. In many countries there is a time limit. Currently in Germany it is twelve weeks and any time limit, regardless of which week, for example in the Netherlands it is much later, leads to no change in the number of abortions and also to no change in the timing of abortions. So that is, I think, the central, central point. It doesn't matter at what point the state sets the deadline. This does not translate into a change in abortions in

reality. So. I think that's almost enough of an argument to say: Why do we need this deadline? And what's more, the Association of Women Lawyers also says that abortions can be carried out without a time limit after an indication has been given. That means that this would not change. You would then have a time limit for a basically fictitious case, because abortions at such high weeks do not take place without medical reasons anyway. So there is the case that a person in the sixth, seventh, eighth, ninth month wants an abortion without additional factors, i.e. a medical diagnosis of a disability or disease, malformations of the foetus, this case does not exist. That could never be shown empirically. So that is also a completely absurd idea. So if you think about it: Why should a person who wants to have a child, who is pregnant, suddenly change her mind in the eighth month? So that's complete nonsense. And that's basically what this deadline addresses. The deadline pretends that this case exists. Exactly. But it doesn't exist. There is also the example of Canada. There is no law on abortion there. In 1988, the law that existed until then was abolished without replacement. This means that there is neither a time limit nor any other regulation of abortion. So it is a completely normal medical intervention, just like any other, by law. And there, too, the number of abortions has not changed at all and not in higher weeks. So there has been no increase. On the contrary, Canada has one of the lowest numbers of abortions because they also have a good contraceptive situation, good access to contraceptives. So when you talk about protection concepts for "unborn life", if you really want to reduce the number of abortions, then time limits and any kind of access barriers to abortions are not the means at all. Rather, the means is, of course, prevention, i.e. free contraception, access to contraceptives, and good education. And also a good family policy, simply structural circumstances that make it possible for people to have children, to raise children. So, these are the levers that reduce the number of abortions, but no time limit and no other hurdle. [01:01:24][223.7]

Lea: [01:01:25] And I think it's really exciting, even if we have these preventive measures and change things, abortions will still not disappear de facto. So there won't be a moment when abortions will no longer exist. And I have the feeling that especially from the political side or also partly from social opponents against abortion, it is always suggested that abortions are something that we can tackle, that we will fight and then it will be gone. And I think this image is always created instead of accepting that abortions are simply part of a lived sexuality and that they are simply part of everyday life. And that this image is always made up and somehow it is not accepted that as long as one simply continues to suggest that abortions can be dealt with by further criminalising them, simply the circumstances under which abortions take place will become more dangerous. [01:02:15][49.8]

Leo: [01:02:17] Totally. I'm totally on your side and yet I'd like to put in a prick like this again. Because, as I said, today we're mainly talking about this legal situation. And German law often doesn't make it that easy for us. And I've just mentioned this before, which is also the argument of the German Women Lawyers' Association, to say that this protection of unborn life is anchored in the Basic Law. And my question to you, Britta, would be: Do we need an amendment to the Basic Law in order to be able to delete a regulation on time limits? [01:02:58][41.4]

Britta: [01:03:01] Yes, I'll go straight to the word "amendment of the Basic Law". There is - attention, I'm unfortunately reading out another article now - there is an eternity clause in the Basic Law. It's in Article 73, paragraph three, and it says: "An amendment of the Basic Law by", and then there are a few things listed, "and or the principles laid down in Articles one and 20 are affected, is inadmissible". So it only says Articles One and 20 and the article in question is Article Two, paragraph two, sentence one. But it is clear from this that it will be difficult. Because there are a few things listed and it would definitely take a lot of work to get them out. But theoretically there is another solution. Because lawyers always like to work with definitions, with opinions, and then there is an opinion here and an opinion there. And it's the same with the concept of life. So I think that many of you or some of you have already heard that there is always a debate about this: When is there life? And there is actually a very, very different opinion on this in constitutional law, in criminal law and in civil law. That is to say, one notices that there is such a dichotomy. I will now briefly read out the different definitions so that everyone can see what the difference is. In constitutional law, which is what this is all about, in the Basic Law, human life is to be affirmed from the moment of conception, i.e. the fusion of sperm and egg cell. This means that human life is automatically assumed from the moment of conception. And it means that, as the German Women Lawyers' Association says, the protection of unborn life according to Article Two, Paragraph Two, Sentence One would be quite important. Criminal law, on the other hand, says - and criminal law is, as it were, our oldest law, as can unfortunately also be seen from abortions - that life begins, according to the definition of criminal law, as soon as the opening contractions have begun at birth. That means very, very, very far behind. And at the previous point in time, criminal law actually does not speak of human life, but only of the foetus. And civil law actually goes a bit further. And they say that human life does not exist until it leaves the womb. That means you realise how much leeway there is. And instead of changing the Basic Law, one should simply adapt this constitutional definition, the constitutional opinion, a bit. Perhaps in the direction of criminal law. So that everything is brought down to a common denominator. And that would be my suggestion, so to speak, and would in any case be less effort than to briefly change the entire Basic Law once. [01:06:09][187.6]

Lea: [01:06:11] I wanted to briefly go into this point that the unborn foetus was also enshrined as a legal subject. And that was, I think, 1975, 73, 76, I always get confused. But at that time there was the debate and I think the factor alone that the situation was created, this dichotomy, this juxtaposition of an unborn foetus against the unintentionally pregnant person. And the state now stands in front of the unborn foetus and attacks the unwanted and or pregnant person and says: We are now defending what is inside you. And I think it's really important to somehow open up this image again. And to go back a bit to see that it was decided and was there from that point on and that this confrontation was somehow consciously initiated. And maybe that also goes a little bit in the direction that Niki mentioned earlier, what kind of systematic motives are behind it. And this is not just a mood to simply write this into the Basic Law. [01:07:12][61.5]

Leo: [01:07:15] Absolutely. We now want to devote ourselves to another main topic and thus also open up the topic a bit, we'll start again with abortions. We want to talk about the topic of abortions and discrimination. Niki, you mentioned earlier that with this time limit regulation, this big elephant of rejectionism and hostility towards the disabled is always in the room. And we ourselves - I don't know how it is with you - also perceive in our association or generally in the networks that this topic of self-determination and hostility towards people with disabilities is often bypassed. In other words, it's something that people don't like to touch. You showed it so beautifully earlier, Niki. And we still want to deal with this again in a short aspect. Because the policy paper also argues about the right of self-determination of persons with uterus. And according to the policy paper, this also includes the right to continue having an abortion after the 22nd or 25th week of pregnancy on the basis of medical indications. And this concerns, well, there are now also various studies on this, for example, the University Hospital of Gießen and Leipzig have already done a study on this, that so-called late-term abortions affect for the most part fetuses in which a disability is proven or suspected. I say suspected because prenatal diagnostics tend to work in such a way that it is not always one hundred percent certain whether the foetus is actually born disabled. And based on that, I would now ask you the question, and I say this in reference to Kirsten Achteлик. She has written a book about this, in which she discusses precisely these questions on the subject of rejectionism and self-determination: How far can self-determination actually go? Should we as feminists actually approve of every kind of abortion in the sense of self-determination? [01:09:48][153.1]

Elisa: [01:09:58] Yes, well, if nobody answers so directly, then. Well, I don't have a very concrete answer now, but then maybe I would just like to contribute a little bit to

the discussion. For example, 90% of pregnant women whose foetus is diagnosed with trisomy 21 decide to terminate the pregnancy. Just to give you an idea of the extent to which this happens. So I think that, as you have already said, this topic is often bypassed. I also notice myself that I am always a bit afraid to touch it, because the perspective of people with disabilities and the corresponding associations is very relevant and should be included. So I think we can definitely agree on that. And at the same time, of course, this discourse has to be conducted very sensitively, because it raises the question of how free the person is who wants to terminate a pregnancy and what are the decision-making factors that lead to this. We live in a society that is hostile to people with disabilities. There are financial circumstances in which this person lives, and how free is this decision really. And perhaps one thing that I can say so definitively is that reproductive justice must also include working towards a society in which it is possible for people to have pregnancies without fear, even with such diagnoses, because there is the certainty that there is a super good care system, there is a society that will not massively discriminate against my child. And so on and so forth. So that opens up such a super big subject area. Exactly, maybe, I don't know if anyone wants to connect to that. [01:12:23][144.7]

Niki: [01:12:25] I think you've already said everything. So there are two levels. One is the person and self-determination is at the top. And the other is society and the environment. So you've actually already said it exactly right, the circumstances that are ableist and that lead to a self-determined decision very often being made against a potentially disabled child. These are the circumstances. The individual person cannot be held responsible for ignoring and pushing away these circumstances and simply walking away. If that happens, great. But that is also problematic, of course, because the circumstances are what they are. This means that it is a task for all of society, not only for people with uterus, not only for pregnant people, not only for FLNTA*, but really for the whole of society, to create an environment where this fear is not there, where it does not have to be a consideration. But where it is clear: Hey, it doesn't really matter right now whether it comes out this way or that way, what kind of child it is. It will be taken care of and it will have a good life, and that is what we have to work on. But the individual person cannot be shamed for it. There's no way. [01:13:58][92.2]

Britta: [01:14:02] Yes, I'll say something very briefly about that, because from my perspective too, everything important and good in my view has actually already been said. What I would like to add from a legal perspective is that there is also the principle of equality. And when I was dealing with this topic, I also noticed that the principle of equality means that it is a violation if the same is treated unequally or if the unequal is treated equally. And that's how it was done with this time limit regulation, one simply says that the disabled, I use the term, deviate from the norm.

And we definitely have to get away from treating them completely equally. And then there would no longer be any question about a medical indication if potentially disabled fetuses or potentially non-disabled fetuses, if they are simply fetuses. That shouldn't matter, after all. And that's my opinion on. [01:15:11][68.5]

Leo: [01:15:13] I think the point you guys made is totally important. So to say that this is above all also something that takes place on two levels and above all also socially, that is, this social stigma and the social conditions contribute to it. At the same time, I also ask myself that laws and norms, for example, often contribute to creating social realities, that is, they can also contribute to showing what the norm actually is, which we then perhaps implicitly assume. And I also asked myself in this regard, and perhaps it is also a question for you, Britta: Would it be possible to simultaneously preserve a sufficient right of self-determination for persons with uterus and at the same time prevent such selective abortions by law? Or is that so contrary to each other, do we have to solve this on another level? [01:16:18][65.0]

Britta: [01:16:21] That's actually a very, very good question, because there are three scenarios, so to speak. Scenario one would be that we assume that there are deadlines or a uniform deadline for both. The question is, of course, whether it is sufficiently self-determined. Therefore, because this "sufficiently self-determined" also leaves so much room for manoeuvre, the principle of equality would in any case be respected. But "sufficiently self-determined" is problematic in my eyes. Scenario two would simply be to say that there are no time limits for either. That means that the right of self-determination would be respected for both in any case. The principle of equality and this equality, that all fetuses are treated as equal, all fetuses are equal, that would in any case also be preserved. But this aspect, that selective abortion is legally prevented, would not be preserved. And scenario three would be that there are no deadlines for - I find it so difficult to express and so difficult to formulate - for the potentially non-disabled or, no, there are deadlines for the potentially non-disabled and no deadlines for, wait a minute, I have to think about this again myself, deadlines for the potentially disabled and no deadlines for the potentially non-disabled. There we would again move away from this principle of equality and would therefore also per se say that we would again treat them unequally and would say that there is one and there is the other, which I also find a bit difficult. But perhaps the concept of, well, I had, just a moment, I have to spin again, positive discrimination. Positive discrimination, perhaps, could also be brought into the room. But when I play through all three scenarios, I simply come to the conclusion that something is missing. So there is always one point that is neglected a bit. And yes, maybe someone has some other input on this. But that's how I played through it now and I would answer the question with no. [01:19:08][166.5]

Leo: [01:19:10] Thank you. I think it's so nice what has just become so clear in your argumentation that laws, that is, legal texts and legal regulations, must themselves always start from the norm, that is, they themselves must always set the status quo, so to speak. What is it that we represent and what we feel is worth protecting or promoting, especially in a state context. And that is also always this struggle where we find ourselves in between. The different camps wrestling over what is actually the norm here? So what do we actually assume? And I would now like to reiterate that when I read the policy paper, I was personally surprised by it in a relatively positive way, but I found one thing particularly exciting. I found that the policy paper, and I can read it out briefly at the point when it was about the punishability of abortions, emphasises in one sentence: "Women who belong to racially discriminated groups or ethnic minorities, as well as indigenous women and those with low incomes" that they are particularly affected by abortions. The policy paper also refers to studies from the USA. And to be honest, I found that a bit strange, because I thought: Why do we have to refer to the USA? Let's look at Germany, it's the same there. So I found this change of context a bit strange. But I also thought that this one sentence made me a bit more aware, also in this paper, of the norm we are actually working from, because it was only addressed in one sentence. And that's why I would like to ask you, Niki, the question again, because you also emphasised at the beginning that not all people in relation to reproductive justice are only concerned with the issue of abortion, but that many other things actually play a much more important role. And I would like to ask you if you would like to say something more about that? [01:21:55][164.9]

Niki: [01:21:59] Yes, it is a very big complex and I think what is so interesting is that here in Germany there is this dominance of the discussion about abortion or that is what is perceived as dominant, what is visible in the debate in the majority society. And then there is something like a stratum, we also talk about strata, a stratum of people who have a completely opposite experience, for whom this has no relevance at all. But where the living conditions and the identities are such that they are rejected by this same majority society and their reproduction is undesirable, so on the contrary, they are advised to have an abortion, advised to prevent it. That certain narratives are circulating about different groups that supposedly have some kind of reproductive behaviour and what purposes are behind it, supposedly. So this is a whole complex that is not much discussed here, that is not so much in the foreground, but that also curtails and destroys the self-determination of people with uteruses. And the whole thing is in a huge context, globally, in a global context, and then manifests itself in these experiences that refugee and immigrant women, especially black women, women of colour, indigenous women, or people with

uteruses have. But that is globally in the context of this population policy question: Who is wanted? Who is allowed to live? Who is not allowed to live? Whose life is good and important? Whose life is superfluous and doesn't matter? This is evident in the entire migration policy. It shows in the border policy, in the isolation policy, in the EU, who doesn't matter and who is unimportant. It doesn't matter if lives are lost. Yes, there is murder. We call it murder because it is a system, it has a system. We know it happens. It can be prevented. So it is murder. And the motive behind it, the compartmentalisation, the preservation of property relations - that's where capitalism comes in - has of course to do with avarice and with greed. In other words, it is a classic motive for murder. And not only is life not protected, it is murdered, it is destroyed. And that is the context. So the people who have these experiences here in Germany, in the system that is supposedly feminist, that recently certified itself as having a "feminist foreign policy". This system is deeply contradictory and insofar I don't remember what exactly your question was. But in any case, reproduction is important in our bubble, in our white, privileged bubble. And self-determination is totally important, you can't really say that often enough. But it's really not the, it's globally not the central issue, survival is the issue. And it is, to give you a few figures, I don't have it quite precise there, but between five and six million women and children under the age of 15 die every year worldwide. And of course, the vast majority of them are not in Europe, not in the white majority societies, but mainly in South Asia, mainly in Latin America and in Africa, in the sub-Saharan African countries. Because health care is a disaster. Because the food supply is catastrophic in some cases. And that has everything to do with our consumption and our standard of living here. That is, we are directly connected to it, We do this, we produce this death. We produce this destruction of life all the time. And that simply has to be mentioned again and again, when we talk about abortion and these important approaches, we must not forget that at the same time we are always part of this whole big story. Exactly. [01:27:13][313.8]

Lea: [01:27:14] I also found the factor of population interests that you brought up very important again. And yes, of course... [01:27:23][8.9]

Niki: [01:27:23] I wanted to say again, that's really, there are programmes. So there are big programmes of organisations, World Health Organisation etc., which set up contraceptive programmes under the aspect of "development" and development policy goals, where contraceptives, which are then implants, I think, are administered first and foremost. But this is combined with services. So certain services are linked to the acceptance of an implant, for example, so that at "Space2grow", for example, we have an extremely large number of clients who have fled and arrived here in Germany. And the first thing they want is to get rid of this implant that was somehow foisted on them. And that's of course, that also has to do with a very racist idea of

who is supposedly reproducing and how good or bad that is for the planet. [01:28:34][71.1]

Lea: [01:28:35] And not only for the planet in that respect, but from such a right-wing and folk perspective, yes, also for the body of the people. In right-wing contexts and circles, people have the idea that they can shape this social body or people's body. And this idea gives rise to racist narratives. And in Germany, for example, we also have the fact that abortion is always quantified. And these 100,000, for example, are weighed against the fertility rate of migrants, as if, look at the white middle-class women, somehow we have 100,000 abortions. What actually happens when more people come into the country or when migrant people reproduce? So there is a super racist and ethnic narrative behind it. And maybe just to make the potential dangers a bit clearer, why it is also important to discuss abortion in racist, population-political contexts. There are already overlaps between the German "pro-life" movement and the New Right. Because the New Right naturally also has an interest in this abortion issue, because ultimately it is also about population. And there are personal overlaps. Right-wingers are marching in the so-called "March for Life" and the "pro-life" movement in Germany does not see fit to distance itself from these people. And if you look at various speeches at this "March for Life" or in other contexts by very radical "pro-lifers", you find all these racist narratives. And I think it's also really important to somehow make these synergies that are emerging visible and to have them on the screen. Because the New Right is of course trying to inspire the so-called bourgeois centre with its racist narratives through this discourse on abortion, which is so very Christian, so that it can simply continue to take over this discourse on migration and reproduction through this channel. [01:30:27][111.3]

Leo: [01:30:32] Do any of you want to say anything else? [01:30:33][0.9]

Niki: [01:30:34] I would just like to add something very briefly, as you can see from this once again how badly the whole colonial history and also National Socialism has been reappraised. And the connecting element of these phenomena is the eugenic idea of shaping the body of the people, which also has so much to do with Ableism. And yes, that is still so deeply ingrained. And I found that interesting again. [01:31:07][32.8]

Leo: [01:31:10] Thank you for that. Then we are almost at the end of our panel discussion, before you get ready, collect your questions. And I would like to ask our guests again, because the title of our event is "What is just? Because, to be honest, that is also a bit of an essence of what we have discussed today, which I have taken with me again and again, because we have so often zoomed away from this legal perspective and said, yes, that's how it is, but we first have to change this social

image of abortion and reproductive justice, something has to happen here, also in Germany, the way we talk about it. We have to change things. And so I would like to ask you again now, perhaps also when talking about abortions in Germany, especially if we ask this from a perspective more in the sense of reproductive justice: What do you think has to change, what do we have to do differently? What do we have to pay more attention to? What should we focus on more, so that we can perhaps also help to shape a discourse that also influences jurisprudence? [01:32:32][82.2]

Niki: [01:32:38] Well, I think it's generally super important to just include different perspectives, so for example to just offer organisations like "Space2grow" more of a platform. I think in general that the discourse about abortion in the media is often still conducted on two fronts. One person is invited who is a Christian fundamentalist and the other is a feminist. And the two then discuss abortion. That is somehow the framework that is always set up. Firstly, it doesn't represent society at all, i.e. a very small group of people who are really completely against abortion in Germany, and secondly, it doesn't allow for any different perspectives. Because this is simply a discussion that really only revolves around the question of whether abortion is okay. And yes, I don't think that's a sensible framework if you want to talk about reproductive health and reproductive justice. So I would just argue for more platform, for more perspectives. [01:33:54][75.1]

Britta: [01:34:00] I would start again with what I have already mentioned a few times. I think it is also important for all people to create the basic understanding that really all people are equal. Whether people with disabilities, without disabilities, no matter where they come from, that all people are simply presented as completely equal. And if we have this focus and it's a pity that it's just not yet like that or in many eyes and also just in the legislation in the jurisprudence it's still not handled like that. And I believe that if this is already anchored or more firmly established, then perhaps some problems, not all of them and not so many, but perhaps even small discussion topics such as some time limit regulations or something like that, would arise almost on their own. [01:34:53][52.9]

Niki: [01:34:59] Well, on the one hand I'm a lot of activist and I believe in the street and in the power of movements. And I find that incredibly important, so organisation, getting organised, is the key to everything. So this isolation of the struggles and the debates, we have to overcome that and we have to keep uniting and organising. And I also believe in the political movement. I believe that the... Or what do you mean, I believe in it, we have no choice. It's simply, it's totally important, because that's where the laws are made and that's where we have to get a foot in the door to have our say, to push through what's important. That means there is no way around it. As

good as it is, the movement on the streets and so on. And it is also irreplaceable. So it's indispensable, but it needs both. And it really needs the political organisation to change these laws. That's just the key. And yes, I think also important debate and speaking, speaking, speaking, super important. But everything. It needs to be, we need to use every, every space where we can attack and where we can attack. And just bring that forward and embedding it in all the discourses. Because this has everything to do with everything, it has to do with gender justice. It has to do with rejectionism. It has a lot to do with racism, white supremacy as a global system and a lot to do with capitalism. And so these, yes, it's really just important to see these connections. And I think what would be very important elements in order to - well, this seems to have nothing to do with it, but it has a lot to do with it - is freedom of movement as an issue. If we were to advocate for freedom of movement, a lot of debates would change. Completely different demographics and compositions of groups would emerge. More people would get involved in the various debates. So freedom of movement is an important point. Yes, maybe that. [01:37:30][151.4]

Lea: [01:37:35] I think I was just thinking too and I think it's also a lot about really partly not just saying we're all the same too. So I think that for me it's also so the utopia of where we want to go. But I think it's currently also a lot about first recognising the differences. And I think we still have a huge problem with that in Germany. I think that there are many people who are somehow reluctant to first recognise these differences, if one somehow identifies oneself as a person who is not racist or something and therefore wants to completely avoid referring to this difference or this difference. And I think we have to do more about that. And also in relation to the debate about abortion, that we make it visible and talk openly about the fact that it is not the same starting point for every person. There are simply fundamental differences that have to do with different realities of life and privileges. I think we need to lose a little bit of our shyness about recognising these differences and talk openly about things. And then I think I can only join in offering platforms and thinking about who to let speak, so that different realities of life become more visible and that we still don't lose the goal of somehow working together for an improvement. But I think that just because we look at differences, that doesn't separate us, but I have the feeling that it connects us more, because we become more sensitive to each other and also question and recognise our own position, and so of course we can also better engage in struggles. [01:39:04][89.7]

Leo: [01:39:06] Totally. And maybe I'll follow up on that now, because I also think, or I think I've noticed again today for myself personally in this debate, that I think we can only combine these struggles well if we can bear the fact that we are sometimes not yet so well versed in certain topics. And that it creates a lot of discomfort for us. For example, that we have not yet come to terms with certain perspectives or that we

do not yet have a clear opinion and do not shy away from having these delicate discussions. On the contrary, it is even more important to have these sensitive discussions. So, I have noticed that in this debate, too, people often dance around and sometimes discuss the same things over and over again. And I think that's something I'm taking away with me today. To deliberately stick my nose into such topics, precisely in order to make them accessible to more people, to talk about them. [01:40:14][67.4] Uff. [01:40:19] Yes, then we are already at the end of our podium up here. [01:40:19][0.0]