



STORIES TO ACTION

Amplifying voices for change

Episode 3: Self-managed Abortion

- Kwem:** Abortion as one of our guests mentioned in this episode is one of the oldest practices whose evidence dates back to ancient Egypt, Greece and Rome. And also beyond that because of erasure of the histories of some communities in the world. As I was getting ready for this episode, I was curious on what are some of the initial narratives that exist out here, and so I went on and Googled abortion. Some of the first results for me were abortion clinics near me, abortion procedures, abortion definition. This result for me speak to the issue of access and knowledge gap that exist on self managed abortion, and that is why we're here on today's episode.
- Kwem:** When I expanded my search to self managed abortion, my third result was something I found particularly relevant for today's episode and I quote, "Self managed abortion with pills opens up access for millions." This article by MSF titled, A Revolution in Safe Care Abortion, goes on to note that many people prefer self managed abortion for a range of reasons including increased privacy and confidentiality, more autonomy and control over the process and easier access especially if they live far away from a facility that provides abortions. There is growing evidence that self managed abortion with pills is as safe and effective as facility based care.
- Speaker 2:** Talking about things that make you uncomfortable and awkward is what we do. We break the ice so that you can freely talk about them. This is Not Your Usual Subjects podcast with your host Kwem.
- Kwem:** In today's episode, we are honored to have two guests who are in different ways, caregivers in abortion care. We talk about some of the narratives and language around abortion that requires a shift. Most importantly, we are reminded of the need to center women and people who can get pregnant and abortion companions in all the narratives about abortion as well as policy conversations. We also appreciate the fact that there is a knowledge gap that exists in the topic of self managed abortion, and also affirm the idea that while abortions are complex, they can be safe and happy. In all of these complexities, we center our conversation on the fact that bodily autonomy must be upheld, and that is exactly what reproductive justice is. Reverence for bodily autonomy and access to reproductive health services and information as a human rights issue.
- Kwem:** Elisabeth Dee who goes by the pronouns, she, they is operations manager for Plan C pills, an information campaign catalyzing equitable abortion pill access in the US. As an operations manager, her work is really care work, as they support folks in getting the right information they need to have access to safe abortion. In addition to abortion advocacy work, Elisabeth also works [crosstalk 00:03:16].
- Elisabeth:** As the operations manager at Plan C, I interface with a lot of people seeking access to self managed abortions. There have been some really major shifts that I've noticed during COVID-19 and accessing self managed abortion. In April of 2020, we saw a lot more traffic on our sites, we saw more interest in the telehealth model of self managed abortion. There were all of a sudden these constraints built on the constraints that already existed. People were losing their jobs. So, people were being financially squeezed even more than they were previously. The children were not in school anymore. Travel was restricted. So there were all these things that were making in person access increasingly more difficult than it already was.
- Elisabeth:** This model of telehealth and being able to access medication, abortion via telehealth really became this exciting option that people seemed to be able to understand more as telehealth was kind of picking up speed



at the beginning of pandemic. Self managed abortion in relation to reproductive justice, the two are very, very intrinsically intertwined. In many ways to me, I think abortion is one of the oldest medical procedures that we as a society have. It's been written about since the beginning of documented time. These practices of bodily autonomy, these practices often of community Care have existed for millennia.

Elisabeth: To think that, these are new practices or are driven by societal or social trends is very inaccurate. Within where I'm located, some of the realities are that we have very intense legal restrictions, political restrictions. There outside of SB eight, and SB four in Texas, we have several other big cases that will be coming before the United States Supreme Court in the coming months challenging Roe v. Wade, and all these other various things. So there's the federal level, and then there's also the state level. There are so many things that I think need to change around these issues of reproductive justice, access and abortion. We need childcare for folks who are getting these procedures done, and need help.

Elisabeth: We need financial assistance for those folks as well time off from work to recover. All these various things that I think are really all right, and come with the idea of bodily autonomy services that we at Plan C offer and that people can access. If you go to the website, www.planCpills.org. You can find out more information on how to get access to self manage and medication abortion. There you can find how to have a medication abortion with Doctor assistance, without Doctor assistance, and all sorts of other resources, questions about legal, medical, all various sorts of things. We don't give legal or medical advice. Neither do we prescribe pills, we're really just a resource to connect folks. My hope is just that people know that this is an option for them, that it becomes clear that abortion is something that you can take into your own hands and that the word should be spread.

Kwem: It is so wonderful to have you on this call Genesis, please locate yourself how you show up in the world, your full name, where you are geographically and where you are in terms of today's topic of self managed abortion, abortion care and abortion access.

Genesis: Hi, there. Thank you for inviting me. I'm Genesis Luigi, I'm a Venezuelan living in Mexico City, studying in Switzerland, a little bit all over the place, but that's kind of the identity that sticks with me now, my grand traveler. I am related to the topic of self managed abortion in very different ways. I normally say that people think that I do a lot, but the only thing I do is talking about abortion. I do it... I'm involved with the topic from a professional lens. I am a consultant on sexual and reproductive health, but also I do research on the topic. Currently, I'm doing my master's thesis on constructions of knowledge surrounding abortion between doctors and abortion companions, but also from the advocacy activist side, I'm also into this. I am part of the Safe Abortion Action Fund. It's the only fund in the world that only funds abortion. We give money so people can have their abortions in a very safe, happy and secure way. I am the community lead at Vitala Global. We design digital health tools for people to have more access to abortion information and abortion care.

Kwem: Thank you for that Genesis. Especially on what you just said about abortion companion, I'll go back to something that maybe you will get right into right now which is that you are an abortion doula. Could you share a bit about that, and mostly because I've heard about birth doulas recently, and recently death doulas, but not abortion doulas. How does that maybe even link to reproductive justice?

Genesis: That's an interesting question because I think I am in the journey to become an abortion doula. I am more familiar with the term abortion companion. I mean, to me, this means that you are there to make space for another person that is having an abortion, that you're there to hold the space for that other person who's having the abortion to be the protagonist of the process. Mostly because I come from all of these I don't know spaces, different disciplines. Normally you see people talking about, oh, is that abortion is a public health issue. Abortion is a social justice issue. Abortion is legal issue, is a medical issue. But then in all of these wording, in all of



these discussion, we tend to forget that it's a human rights issue, and the person, the human is the one that should be at the center of it, at the center of care.

Genesis: In the center of making the decisions regarding abortion, it's completely interesting how a lot of the decision making surrounding abortion is done by people who cannot get pregnant, people who are not involved in the processes of reproductive justice of the community. By this I'm saying that a lot of decision making done surrounding abortion rights is done by cisgender wide reach men that have nothing to do with all of these processes, abortion doulas and abortion companions are involved with. When you're asking the work of abortion doulas and abortion companions relate to reproductive justice, I think it's the embodiment of reproductive justice. The history of abortion doulas and abortion companions is very rich, and it's very interesting to see how a collective of women in Brazil in the 80s discovered that Misoprostol had these abortifacient functionality.

Genesis: It was not meant to be an abortifacient but it happened to be. So they took these pharmaceutical and turn it into something else and turn it into something that could make liberation work within the communities and then the word spread. Then you have pharmacists, community health providers, up to the point that now WHO recognizes the use of Misoprostol for safe abortion coming from all of these history of community organizing. But then when you think why this community organizing was needed, it was needed because it was a neglect, and that women and people who can get pregnant were completely neglected by the state. They were denied the right to choose over their bodies. Then they took these resources and convert them into something that can amplify this access. So if it's related to reproductive justice, yes, it's an embodiment of it. But it also should make us think about why this happened.

Genesis: It happened because of this neglect. But then, at the same time, we are not being doulas and abortion companions because we want to fix the public health system. We are doulas and abortion companions because we want to transform the way abortion care is given to people. We don't want... We want people to have happy abortions. That's something that I always talk with one of my friends that's also an abortion companion and abortion doula. And normally when you want people to have happy abortions, the public health indicators don't fit this logic of having a happy abortion. A happy abortion is a safe abortion, an abortion where you are accompanied. But then the public health side doesn't account for these things.

Genesis: Normally, they will offer you an abortion that is safe, but maybe you are not feeling comfortable throughout the way. Abortion doulas and abortion companions are embedded in reproductive justice by creating a whole new and whole different care model. One that it's community based, one that puts the person in the center and one that accounts for the injustices that we live and want to transform it into something more meaningful that can reaffirm our place in the community.

Kwem: Genesis, your part of the co-creators of the document that is related to a rights based messaging around how to talk about abortion as was documented by IPPF. That's International Planned Parenthood Federation. So the document talks about the stories and the narratives we could tell about abortion, what are some of the rights messaging related to self abortion that we should cult or schult because I just made that up, that we could be sharing and amplifying?

Genesis: That's another interesting question. It's interesting because I think one of the first thing that we need to think about messaging is that people who have abortions are the ones that should be at the center and sometimes this doesn't happen. Normally, what you see in the narratives are fetuses and embryos, babies and people are trying to bring the conversation to this issue, right? Like does the fetus has life? Does the embryo feel pain? I think that one of the most important things in here is bring the conversation back to the people who can get pregnant and the people who can get abortions, that's one thing that we should start from. From

there, start building on other narratives, for example, this narrative that abortion should be prevented.

Genesis: It's interesting, because normally, they will say abortion should be prevented. We don't want anyone to have an abortion. However, I think this narrative hides the fact that abortion is part of the reproductive life of people. Abortions happen, and people have abortions for many billion, I guess, thillion number of reasons. There's the people that has abortions because they want to have a baby, but economically, they can't. There's people that don't want that they got pregnant, and they don't want to have a kid at that moment. They don't want to continue a pregnancy at that moment. There's the people that were victims of sexual violence, and they just don't want to carry on the pregnancy. So this prevention focus will never account for all of the reasons people can have an abortion.

Genesis: What we can advance as a narrative is that if you need an abortion, you need it, and you deserve the best quality of care that you can have. There's these other rights narrative that I would love to see more of it is that if you have more than one abortion, that is okay. There's a lot of talking in public health spheres where if someone has an abortion, you have to give them contraception right away. If the person doesn't understand, or they don't want the contraceptive method, then why are you pushing for this? So it's again going back to reproductive justice. Why are you offering contraception only to the people who are having abortions? Why contraception cannot be universal? Why can't we have universal access to contraception on the first place, instead of targeting it to groups that you think are more at risk.

Genesis: Also, another narrative that I will like to see more around is that abortions can be happy, and that's fine. But then there are other abortions that are not happy, and that's also fine. In that case, what people need or what people should have available is a companion that can guide you through that process of pain, mostly, because I think we have been so eager to show that abortions are not traumatic, that we are sort of forgetting that, for some people, they can be traumatic, for some people, they can be a complex decision. But it doesn't mean that the process per se, should be banned. What it means is that people need more companionship, people need more resources to go through it. That may be the sources of this being a traumatic experiences are not within the person, but in an environment that doesn't support reproductive autonomy, that doesn't support women's rights, that doesn't support reproductive justice.

Genesis: Those are things that I will like to see a more positive light on abortion that recognizes that it can be a complex decision for some people. I will like to see a narrative on abortion that recognizes it as a reproductive fact that happens in life, and a focus on the people who have abortions.

Kwem: Thank you so much for that sharing. I also just want to amplify something that you just said, which is part of what I got around the narratives around abortion care and abortion messaging on carrying forward pregnancy to full term, of aborting a baby and all of these things. I just wanted to amplify that as one of the things that I have deeply rooted myself into when it comes to language around abortion because we tend to see all of this different narratives and messaging from public health messages and all of this thing. I really appreciate that the work that you're doing is centered around shifting narratives and shifting the language to continue to center folks who are looking to have an abortion and abortion companionship, which is also something that is coming very much in today's episode.

Kwem: I also wanted to learn more about some of the exploratory work that you've done in Mexico, because I know that as you'd mentioned earlier, you're Venezuelan, but you've done a bit of work, exploratory fieldwork in Mexico. What has been coming up for you within that particular research, possibly before the pandemic or during the pandemic? What are some of the things that you see, or what are some of the

visions that are coming up in the future in terms of abortion care, and self managed abortion that you haven't already mentioned?

Genesis: Yeah, I have been doing a few work here in Mexico, and exploring the construction of knowledge surrounding abortion among abortion companions and medical doctors. And this is... I can tell you how this started because I think it's quite interesting. I developed an obsession with TikTok over the summer. It happened that I saw a video of a doctor saying that if you use Misoprostol without medical supervision, then your abortion will be super complicated. And they will have to take you to a clinic and make a hysterectomy. That's when they take out your uterus. That's a major surgical procedure. I was double checking this with other peers that are doctors, that are companions, and they say no, that is actually not true.

Genesis: For an abortion to get to that point, you might have to have all of the contraindications for Misoprostol, maybe you ingested a huge amount of pills, and that is simply not true. So I was researching more and more on this and what doctors think about abortion, specifically self managed abortion. I found very interesting surveys not done here in Mexico, but in other countries that, for example, there's one that is super interesting, where the interviewer asks doctors if they think self managed abortion is safe. A fair amount of them say, "Yeah, I think it's safe." But then when they ask them, "Will you recommend it to a family member, to a partner, to a friend?" A lot of them will say no. And this dissonance struck me as this is interesting, I can research on this.

Genesis: Then I see this TikTok video on doctor saying that Misoprostol is unsafe, and that on top of that abortion companions don't know what they are doing because they are not medical professionals. Then I found my problem and they're like, this is interesting. So doctors have an understanding of abortion, and apparently companions have another understanding of abortion. What I'm trying to do is see what shapes this knowledge and not only for the sake of knowing where this knowledge comes, but also to build bridges. Because thinking about the knowledge that doctors and medical providers can have, and complement where abortion doulas and companions have known for a long time, we can create better and more responsive and more community based models of care. So I think that's kind of like an interesting thing. That, and it's something that it gives me a lot of hope in the future, to be honest, to see that there are these two kinds of professionals that can complement the work and create something else, create something that we haven't seen before, maybe create compassionate models of care, happy models of care, what do I know?

Genesis: But yeah, that's pretty much what I'm up to these days. I'm doing a lot of interviews with doctors, a lot of interviews with abortion companions, hanging out with abortion hotlines, reading a lot about abortion again, it seems like it's a lot but the only thing I do in my life is it's just talking about abortion. Findings from the field so far is something that was very interesting was that a lot of doctors don't have a structured instruction about abortion. They know how to manage the complications that come from it, but when it comes the moment to attend an elective abortion, someone that says, "I need this abortion." Normally, abortion doulas, and abortion companions know more about the procedure, and about accompaniment, and about reaffirming the decisions, while doctors have this more clinical knowledge. That's our preliminary finding. That's never talked about this before, so I think you have the privilege to know that if that's a privilege.

Kwem: Definitely a privilege. Thank you so much for sharing that Genesis. Before we get on to the next question, which is still centered around your research, could we expand a bit about the definition of abortion companions, and maybe you can also point us to where we can find resources around that, especially if you know, personally, one might know someone who is looking to access self managed abortion. We are thinking about how to be companion around that. What are your thoughts on that, and what are the expansions of the definition of abortion companion?



Genesis: That's a tough one. What is an abortion companion? What is an abortion doula? That's a very complex question, because I think my answer will be different to... I mean, my answer will be different to an answer that someone that has been an abortion companion for 10, 15 years might have, or different from the experience someone who has had an abortion, and it's also a companion might have. For me, I can give you a very simple straightforward definition is that is, to me, for Genesis, an abortion companion is someone that has knowledge on how to perform an abortion, how accompanying an abortion and how to hold the space to make that abortion experience safe, secure, and accompanied.

Genesis: To me, and I guess I can speak for a lot of companions in Latin America, abortion is not just a medical procedure, it's a community bounded process. So when we are talking of abortion as a community bounded process, we refer to the fact that abortion has a lot of implications in the social sphere, there's stigma out there, but there are also network supports, there are also social norms that shape how we think about abortion. So, for us that process to be an accompanied process that can address these societal and community processes is very important. We are not there just to provide with pills, we are there to provide both information and care.

Genesis: This is why care complexifies because for us, care is not only making sure that you have the correct amount of pills, is that you have the correct amount of pills, and you know how to use them. You know what to expect, you know that you are being supported in your decision. And after that decision, what comes next. Care is also if you need a glass of milk and cookies, we are going to bring you a glass of milk and cookies. If you want to watch a Netflix show when you're having your abortion, we are going to be there for asking you what do you want to watch? What can make you feel more comfortable? That for us is very, very important. That care is not only medical thing, but also something that makes your decision feel reaffirmed. For us successful abortion is not only the one that leaves you like okay, you're pregnant now, you're not pregnant now, successful.

Genesis: But for us is that outcome of not being pregnant plus, having an experience where you felt safe and where you felt understood and where you felt supported. And that has this other component of empowerment that you knew what was happening during the whole process because normally what we see in clinics and medical settings is that you are going to get there, and they are going to perform things on you. We don't want that as abortion companions. Again, that's why the accompaniment element is so important. We don't want that to happen to you, we want you to be aware, we want you to know what's happening, we want you to agree positively to what's happening. So I think that can be my very extended explanation of my definition of what's an abortion doula and what's an abortion companion. I think that as the podcast advances, you are going to have a lot of definitions to what an abortion companion is, and maybe craft a new one for yourself, I guess.

Kwem: Love that. I really appreciate what you shared about abortion being a community bounded process, or practice, and how accessing abortion can sometimes... Has in many times felt separate as this medical process that someone needs to go and get done. But I do like that we are embedding this journey or this particular process of accessing abortion as a holistic process. A process that is centered in care, and you talked about part of being an abortion companion is being able to hold the space and that different ways of being able to do that. That is guided by the person who is getting the abortion. I do appreciate your sharing around that. Around the research that you have done Genesis, what are some of the shifts that have been happening around access to abortion, self managed abortion, because you mentioned that part of your research has you listening into or being part of helpline calls, and all of that.

Kwem: You also sit within a fund that also offers care by providing and giving access to financial resources to go and get abortion. Basically, abortion access. What are some of the shifts that you've seen happening during this particular period? And



tying that to the decriminalization of abortion, I think between a particular state in Mexico called Guadalajara. Please forgive my pronunciation, but I'm so glad that you're with us here to help us with that. But I wonder what's been coming up in terms of the shifts and what future can envision in terms of abortion care and what the ruling means and what the ruling can mean for Mexico and also just globally, what can we derive from that?

Genesis: Starting from shifts from the pandemic and COVID-19, I think the most interesting shift is that people are talking more about self managed abortion. There's more coverage in the press related to self managed abortion. Most recently, I've seen a lot of coverage in the UK where they had this rule and I guess someone that's from the UK can talk to you way better than I can. They had this ruling that allowed for telemedicine for abortion care. And now they want to... Now, that the "Pandemic" lined up over, they want to retract this allowances or permits they gave for telemedicine abortion. People were like, "Well, this worked during the pandemic, and we know abortions are safe. Why are you trying to get that back where we know that it works?" That's something that I have seen, people are talking more about self managed abortion, models of telemedicine, models of digital health, and how it can help users and people to manage their own abortions.

Genesis: I think these shift to talk more about digital health and how it can help is very, very, very important. This shift, I have seen it also in the region in Latin America, where platforms that provide bills by mail or counseling through digital platforms have been more on the spotlight. Like for example, the folks from Seek to Choose, Women Aware, Women Help Women. These very big organizations that do very, very important work. I have seen it to take the case of Venezuela, the project where I'm currently working is geared towards facilitating digital health tools, so people can have more access to abortion information. The project has been received with very good and positive feedback from the people that I think in other moment, people will think like, oh, no, I can just go to the clinic and have an abortion, or I can just talk to a doctor. But in this moment, where access to clinical facilities, hospitals was difficult, maybe it was an opportunity for telemedicine models or accompaniment models do have an opportunity to shine.

Genesis: Also, talking about the more legal side of things, from what happened here in Mexico, I think it was a court ruling that was... It's historical, it's so, so important, and it happened in a day where you brew your coffee in the morning, you have your breakfast, and you're like, oh, so the Supreme Court said that now you cannot criminalize abortion in any way. So these means that each state that criminalizes abortion in Mexico has to change their local constitution, to not criminalize abortion. It's a very, very important decision, but it's only a stepping stone in a longer road to legitimize abortion as a fact from reproductive life. I'm very aware and I admire the work that advocates and people on the ground activists do for these rulings to be possible. However, as abortion companions, people who can get pregnant, and as activists, we should not settle just for court rulings this way.

Genesis: We have to celebrate these wins, but also keep working, so these rulings have a green implementation on the ground where women and people who can get pregnant will need it. Because otherwise, it's just something that a judge said, and it doesn't translate into increased access, quality of care, non criminalization of abortion companions, that sort of thing. I guess, yes, it's important, and it's historical. That day, I danced my way around the house, but we have to be consistent in that. If we want abortion to be legitimized as something that happens in the reproductive life, and something that is not such a big deal, after all, we have to do the work of working on the ground to make this court rulings a concrete reality that we have protocols for high quality abortion care, that abortion medication can be affordable to people. There's a huge an enormous community work that we have to do to shift social norms surrounding abortion.

Genesis: For the region, also, this means that Mexico is a really big country. It's a country that has a lot of influence in the region as Argentina last year with the criminalization of



abortion. I think it sets a precedent for other countries to think it's not impossible to have these court rulings, or these legal instruments that allow people to have safer abortion experiences or that avoid people getting criminalized for things that shouldn't be a crime in the first place. So yeah, I think that for the region here in Latin America, the religion is mostly Catholic. Mexico is a very, very Catholic country. If Mexico can decriminalize abortion, being this Catholic, then there's no excuse for other countries to do so.

Kwem: Definitely. I also just want to take this moment to honor the work of the activists and the different partners who put in their energy, their work, their life into getting Mexico and the world to be part and to witness that ruling that happened. We are continuously energized by what was able, rather what came to be in terms of the ruling the decriminalization of abortion, we are energized by that. Yes, the work does continue in terms of looking at having that particular ruling, as you've said Genesis running deep into the different ways in which communities are able to shift and organize around the access of abortion and abortion care.

Kwem: As we wrap up our conversation today, and I do not know about you, dear listeners, but I just feel very much enlightened in terms of what I have come to learn around what abortion care, and access to abortion can look like, could look like, should look like and what are some of the different things that are happening within the landscape that Genesis is part of. So, Genesis, is there anything that I haven't asked you that you'd like to share with us today? Also, if you have any links, or resources that you would like to point our listeners towards, we can also just ensure that we have that as a link in the show notes of this particular episode.

Genesis: I think that something that I pull people to think about and see how it sits with them is that we have to change the narrative of abortion, of being something that it's hidden, that it's medical, that it happens in a private practice between you and one medical provider. Take abortion from that little corner, and take it out to the communities because when we shed light on abortion, we see that it's not suffering, that it's not trauma, that it's not something that's hidden, and that you only share with a handful of people. When we shed light on it, and we understand it as a community bounded process, then you start to see the work of, as you said, activists fighting for the recognition of women and people who can get pregnant rights.

Genesis: You see the abortion companions that mostly do their work in silence because they can get criminalized. You can see the work of abortion, doulas, that also a lot of them are birth doulas. Then you break this myth that people who care about abortions don't want anyone to get pregnant. It's like no, actually, there are birth doulas, full spectrum doulas that can help you with throughout your pregnancy, if you want it, throughout the childbirth, and they can also help you with your abortion. That happens when you take abortion from the little corner and put it on the spotlight as a community bounded process.

Genesis: You start seeing people related to it. You start seeing, for example, solidary doctors that provide safe care, even though they could be criminalized. You start seeing researchers, you start seeing the friend that brings you your favorite meal during your abortion, you start seeing all of these networks of people. And suddenly, then abortion doesn't look like very a traumatic and horrible experience, then it's just an experience that can be positive, that can be sad for people that want to keep the pregnancy, but they can for any reason. Then you start seeing the nuances, you start seeing that not everything is black and white. That's something that I would like people to think about.

Kwem: Thank you so much Genesis for honoring our invitation to be with us today, and for sharing your work, your life and yourself with us today. It was such a pleasure to have you. We know that abortion is criminalized in many parts of the world. And even when it's not, there is plenty of social stigma around it. You're listening to this episode is a brave act of resistance and solidarity for many of our



listeners.

We see you, we hear you and want you to know that you are not alone. That's all we have for today's episode. I hope you enjoyed listening into today's conversations, and we'll carry the different reflections with you. Join us next time where we'll be talking about sexual orientation, gender identity and expression rights that is SOGI rights. Until then, take good care.

Kwem:

The support of Not Your Usual Subjects podcast comes from staff and volunteers at Stories To Action who are conjuring alongside young people situated across borders all around the world. Together, we envision a world where every young person's voice is heard on their sexual health and reproductive rights, even in times of public health emergencies like COVID 19. We would like to honor, thank and acknowledge all our contributors and guests for sharing their Stories To Action. Share Net International Netherlands, who we're so deeply grateful for funding and resourcing this podcast reminds us of the role that philanthropy in working with youth in the diversity should and can play in raising collective consciousness. Please head on over to share/net-international.org to find your regional hub. Please commute with us on social media to find out about our next episode, and share your feedback, thoughts and reflections with us. This is on Facebook, Twitter, Instagram, LinkedIn at Stories To Action. Links are available in the show notes at the podcasting platform of your choice that you listen to us from. Please share this episode with someone, or someones you know should have a listen. Good bye.

