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ABORTION ACCESS IS CHANGING THROUGH TECHNOLOGY AND ACTIVISM

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Sydney Calkin

Around Dublin, you might catch sight of a small sticker – on a lamp post, a wall, or inside the stall door of the women's toilets – advertising "SAFE ABORTION WITH PILLS" alongside a web address. The information on this sticker is technically illegal: it is advertising pills banned in Ireland and breaking Irish laws on the kind of information about abortion that can be legally distributed. The website advertised on this sticker will connect you with a global network of pro-choice volunteers who can advise you on how to access safe abortion pills, how to take them at home, and how to monitor your symptoms. They can also advise you on how to avoid detection at the hospital if you need to seek medical attention, because the pills you took are illegal and could get you jailed. Women around the world have been arrested and jailed for taking these pills – the risk is real.

Women's ability to make decisions about their own bodies is a fundamental aspect of gender equality. Women cannot stand as equal citizens in countries that deny them the rights to make decisions over pregnancy, childbirth, and family size. Reproductive decisions impact every dimension of women's lives and, by extension, their families and communities. However, some forty percent of women around the world live in states with highly restrictive abortion laws. **Only five countries ban abortion in all circumstances**, but many more states impose harsh restrictions: two thirds of states allow for abortion to save the life of the mother, and half allow for abortion when the pregnancy is the result of rape. The majority of states therefore allow for legal abortion in some circumstances, although legal frameworks are often a poor guide for the practical availability of abortion. Many places have legal provision for abortion, but impose a set of serious obstacles that limit access through non-legal means. However, as the above example from Ireland indicates, restrictions on access to abortion are not met with acceptance by women around the world: as anti-choice restrictions multiply, so too do pro-choice forms of resistance. Around the world, the pro-choice movement is building trans-national links, developing innovative technological and political workarounds, and expanding abortion access in creative ways.

Legal in theory, unavailable in practice

Abortion laws are generally understood in terms of time: how far into a pregnancy can a woman access an abortion? Temporal questions remain important in the legal frameworks that govern abortion, but space is an essential and over-looked dimension of abortion. In order to understand the changing patterns of restriction and resistance on abortion access, we should ask questions about control over space and the use of space as a tool. In many places where

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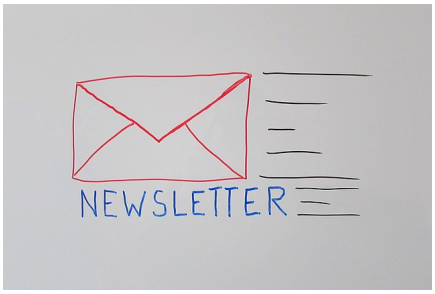

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abortion is technically legal, it is also difficult to access in practice. This is often by design. Even if abortion is technically legal in a country, women's access often depends on the particular geography of where they live. In Italy, for instance, women have the right to abortion until twelve weeks. In practice, however, the ability to access abortion is highly variable because Italian doctors can refuse to practice abortion by registering as conscientious objectors. **Rates of conscientious objection are high**: country across the country, 70% of Italian doctors refuse to perform abortion. In the southern regions of **Molise and Basilicata**, upwards of 90% of doctors are conscientious objectors. Italian doctors who do practice abortion set up travelling clinics on weekly rotations, to provide some access for women in these regions.

In the United Kingdom, a similar geographical barrier to abortion exists. Northern Irish women, although they are UK citizens, do not have the right to abortion. Abortion in the rest of the **UK is not decriminalized**, but is generally available on request. In Northern Ireland, a Victorian law still on the books makes abortion all but prohibited, and available only in the most extreme circumstances. To access abortion, Northern Irish are able to travel to England for abortion, although until the summer of 2017 they were forced to pay for abortions in private clinics and could not access the NHS in England. As of the summer of 2017, the **UK government has agreed on a compromise** to provide free abortions for Northern Irish women in England and Scotland. There is funding available for the very poorest women, but the majority of women who travel for abortion will still have to pay for travel and accommodation to receive the procedure. This situation, whereby some UK citizen women are denied a basic human right and component of healthcare, is an uneasy political compromise that resulted from devolution and outsourced the financial, emotional, and social burden of abortion access onto individual women. A similar situation persists in the Republic of Ireland, **where 10-12 women per day leave** for England to access abortions. Cross-border travel for abortion access is a common feature of women's reproductive healthcare struggles around the world.

Expanding Access: At Sea, Online

Where highly restrictive laws aim to chip away at women's access to abortion by closing clinics or forcing women to travel long distances for care, pro-choice activists are taking steps to expand abortion access in innovative ways. Some of the most interesting strategies are those that focus on strategically circumventing, or explicitly violating, existing laws rather than campaigning to change the laws. They, too, use spatial strategies to expand abortion access in practice by opening up new spaces where abortion can be accessed regardless of the national context. The most well-known of these activist tactics is the Dutch NGO Women on Waves, who have used a **mobile clinic on board a ship** to provide access to abortion. Women on Waves accomplish this by exploiting the international legal framework of the sea: when their vessel is more than 12 miles off the coast, the ship is governed by the laws of the state where it is registered. For example, this means that a Dutch ship 13 miles off the Mexican coast is governed by the laws of the Netherlands, not Mexico; this extends to abortion provision as well. A smaller boat collects women at the port and ferries them to the larger vessel, where once they are more than 12 miles off the coast, they can access services in the mobile clinic. These include counselling, education, birth control, and medication abortion pills; no surgical abortions are performed on the ship. Women on Waves has **operated this ship across the world** and successfully provided women with medication abortion in several places, but it has also been met with fierce resistance. In multiple cases, the ship has been blocked from entering territorial waters and has occasionally been met with warships to impede its progress. Even when women seeking abortions cannot board the ship, Women on Waves has been able to gain substantial media coverage and raise awareness of the restrictions on abortion and the many women who require their services.

A less audacious but more transformative innovation to increase abortion access is telemedicine. Telemedicine technology is used in rural medicine all over the world, allowing doctors to remotely communicate with rural clinics over voice and video communications technology to provide consultations and even advise on surgical procedures. Telemedicine is a useful tactic for increasing abortion access as well, because **clinic closures and burdensome laws** can make abortions practically inaccessible for women. Telemedicine abortion technology is being employed across the United States, where abortion restrictions have closed many clinics and created obstacles to access more broadly (**90% of counties have no clinic**). In some American states, for instance, long waiting periods are imposed between first consultation with a doctor and the abortion procedure itself: if a woman is forced to drive many hours to a clinic, stay overnight in a hotel for 3-4 nights to comply with all the consultations and waiting periods, such a trip can quickly become financially impossible. With telemedicine, the woman can visit a nearby medical facility, remotely consult with a doctor at a far-away clinic, receive her prescription, and get medication abortion dispensed by nurses on sight. In response, anti-choice legislators have sought to **restrict telemedicine abortion** in many American states. Some state legislatures, for example, have imposed spatial restrictions on the doctor-patient relationship, by requiring doctors to be physically in the same room as the patient when they

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prescribe medication abortion. Other states allow for telemedicine in a range of procedures, but ban telemedicine for abortion altogether.

Abortion access today is changing: no longer are women entirely restricted by the abortion laws of their local government or state. Increasingly, trans-national modes of abortion access are possible: women can cross land or sea borders to access abortion clinics, they can communicate remotely with distant abortion clinics who can provide them with consultations and prescriptions, or they can access online information and counselling about how to obtain abortion medication. The ability of governments to control women's access to abortion is rapidly diminishing, as communications technology, medical advances, and cross-border activists work to provide alternate pathways for access. Legal reform and liberalization of abortion law is essential to provide safe and legal access for women around the world. In the meantime, the future of abortion access depends on feminist action across borders.

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