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Web Roundup: Abortion Access

2018-07-01 19:18:04

By Whitney Arey

This month, and especially this past week, has seen immense media coverage of abortion access, both in the [United States](#) and [abroad](#). A recent study out of [UCSF](#) has shown that abortion is extremely safe, with [lower post-procedure ER visits than many other routine surgical procedures](#). However, despite the safety of this medical procedure, abortion is still highly politically contested, [legally restricted](#), and [stigmatized](#), which play an important role in people's abilities to access abortion services. The political debates and legal regulations on abortion reveal intersections of social, religious, political, and moral values, and have far reaching [effects beyond reproductive politics](#). This constantly shifting landscape of abortion access shows the [vast inequalities](#) that exist within and between countries, regions, and in individual states in places like the [U.S.](#) and [Mexico](#), and the [harm that restrictive abortion policies can cause](#).

First, one of the biggest news stories in expanding abortion access has been [Ireland's vote to repeal 8th amendment banning abortion](#). Irish citizens living abroad took to social media to [record their journeys home](#) to vote for this landmark repeal. With approximately [66% of the vote for the repeal of the abortion ban](#), the government has promised there will be a law passed to legalize abortion in the first trimester by the end of the year. This decisive victory for abortion access in Ireland has also led to many speculations on [what this might mean for Northern Ireland](#), and a change to abortion law was debated in the UK House of Commons and [Supreme Court](#) at the beginning of June. Though a part of the U.K., [Northern Ireland has strict abortion laws](#), with abortion only legal if it poses a threat to the life of the mother, and harsh criminal penalties for illegal abortion. Many people hope that the vote in Ireland will put [pressure on politicians in the UK and Northern Ireland](#) for an expansion in abortion access in line with either Ireland's laws or the 1967 UK abortion act that allows abortion in the first 24 weeks of pregnancy, as the UK is where many women in Northern Ireland go when seeking abortion services.

Another country seemingly on the precipice of expanding abortion access is [Argentina](#), where [abortion is currently illegal except in cases of rape and life endangerment](#). This month the lower house of Congress in Argentina [narrowly passed a bill to decriminalize abortion](#) and allow women to

[terminate pregnancies in the first 14 weeks](#). While the bill now has to go to the upper house, President Macri also has said that he [will not veto](#) a vote by Congress to alter the law. While the Catholic church was [largely absent from public comment on the Ireland abortion ban repeal](#), after the vote in Argentina, Pope Francis' homeland, Pope Francis made contested comments comparing abortion to modern-day, [white glove Nazi eugenics](#). The [vote on abortion access in Argentina is set for August](#).

Meanwhile, in the U.S. there has been a growing and contentious debate over the new Title X policies, or the “domestic gag rule.” The global gag rule, or [Mexico City Policy](#), is a U.S. policy that has been variably in place during Republican administrations since 1984. It was re-instituted by Presidential Memorandum in January of 2017, two days after the Women’s March on Washington, and has since had important [consequences for global reproductive health care](#). President Trump’s version of the gag rule significantly [expanded previous administrations regulations](#) on not providing abortion services, or counseling about abortion services, by extending the rule to cover [not just U.S. family planning funds, but global health funding overall](#). A [recent report](#) highlights some of the consequences of the global gag rule of reproductive and global health. While this policy has been in effect over a year now, this month has seen the proposal of a version of the global gag rule within the United States: [the domestic gag rule restricting Title X funding](#). The new proposal for regulating Title X funding [does not allow referrals for abortions](#), and blocks Title X funding for family planning programs for providers like Planned Parenthood, who provide abortion services.

U.S. states have passed [401 state restrictions on abortion passed since 2011](#), which contributed to the abundant [misinformation about abortion procedures and care](#). These state laws restrict access and are often not based on medical science, as seen by the [growth of crisis pregnancy centers \(CPCs\)](#) which are organizations that are designed to convince women not to have an abortion. If you haven’t seen [John Oliver’s coverage of crisis pregnancy centers](#), he does an excellent job explaining exactly why these organizations are a problem for not just abortion access, but for reproductive health more broadly. [CPCs often receive state funding](#), and are significantly more prevalent than actual [abortion clinics in the U. S.](#), often located next to abortion clinics in an attempt to divert patients from clinics to CPCs. This week the [Supreme Court reversed the California law](#) which required [CPCs to disclose that they were not a licensed medical facility](#) with licensed medical providers, ruling that this violated the first amendment rights of CPCs. This could be seen as a victory for [Republican’s earlier tactics](#) on delaying President Obama’s Supreme Court nominee, and [Justice Kennedy’s recently announced retirement](#) has both pro-choice and pro-life advocates looking to a

[potential challenge to *Roe v. Wade*](#), the 1973 ruling that made abortion legal in all fifty states. Justice Kennedy was a swing vote in both the 1992 [Planned Parenthood v. Casey](#) case upholding [Roe v. Wade](#), and in [Whole Women's Health v. Hellerstedt](#), last year's strike down of Texas H.B.2 that was found to place an "undue burden" on access to abortion services. These recent events in the Supreme Court ensure that abortion access will be an important area of [political challenges on both sides](#), and could result in drastic [changes in access to abortion services across the U.S.](#)

However a [potential challenge to legal abortion, does not reflect popular opinion in the U.S.](#), according a recent [Kaiser Family Foundation poll which found that 67% of Americans oppose overturning *Roe v. Wade*](#). However, [restrictive policies](#) and the threat of a return to illegal abortion have highlighted the importance of the [self managed abortion care](#) movement. Self managed abortion care is a [global movement](#), especially in countries where abortion is illegal or highly restricted, but it is starting to be more [prevalent in the U.S.](#) as more women are attempting to take control of their reproductive health [outside of medical settings](#). [Safe alternatives to abortion in a medical setting](#) may be the future of abortion care, or at least a way to expand abortion access in a way that could decrease the number of women who still [die from unsafe abortions](#) throughout the world.

Finally, media coverage this month has been focused on the debate about immigration, [with both the separation of children from parents at the border](#) and the Supreme Court upholding of the [travel ban](#). [Immigration is a reproductive justice issue](#), and immigration laws can greatly restrict people's abilities to access abortion as well as other reproductive health care services, as well as inhibit their [safety when making reproductive health care decisions for themselves and their families](#).

For recent anthropological writings on the growing problem of abortion access in the United States:

Laura Briggs' book [How All Politics Became Reproductive Politics](#)

[ANSIRH's many new studies on abortion in the U.S.](#), including the [Turnaway Study](#), which looks at what happens when people are unable to access abortion care

[Elise Andaya and Joanna Mishtal's article](#) on the need for anthropology to reengage in abortion research in the U.S.

[Andrea Ford's article in Somatosphere](#) on reproductive care outside of

medical institutions

[David Cohen and Carol Joffe's recent article](#) which overviews the ways that Title X funding is already over regulated.

[Lauren MacIvor Thompson and Lina-Maria Murillo's piece](#) on an overlooked aspect of the new Title X funding policy, that these new guidelines prioritize natural family planning methods like the rhythm method, which have a much higher percentage of failure than medical contraceptive options

Resources on Self-managed abortion: [Plan C](#); [Las Libres](#); [SASS](#)

[Resources and Q&A about abortion services in the U.S.](#)

AMA citation

Arey W. Web Roundup: Abortion Access. *Somatosphere*. 2018. Available at: <http://somatosphere.net/?p=14552>. Accessed July 2, 2018.

APA citation

Arey, Whitney. (2018). *Web Roundup: Abortion Access*. Retrieved July 2, 2018, from Somatosphere Web site: <http://somatosphere.net/?p=14552>

Chicago citation

Arey, Whitney. 2018. Web Roundup: Abortion Access. *Somatosphere*. <http://somatosphere.net/?p=14552> (accessed July 2, 2018).

Harvard citation

Arey, W 2018, *Web Roundup: Abortion Access*, Somatosphere. Retrieved July 2, 2018, from <<http://somatosphere.net/?p=14552>>

MLA citation

Arey, Whitney. "Web Roundup: Abortion Access." 1 Jul. 2018. [Somatosphere](#). Accessed 2 Jul. 2018.<<http://somatosphere.net/?p=14552>>