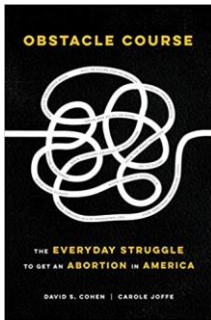


BOOK REVIEW



Obstacle Course: The Everyday Struggle to get an Abortion in America

David S. Cohen and Carole Joffe

Oakland, CA, USA: University of California Press, 2020.

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This book is written by a lawyer and a sociologist, both distinguished academics – their writing is very accessible and down to earth. They explain a complicated scenario in a clear way for a general readership. The book reveals shocking situations for both pregnant women in the USA and those providing care for them.

To ensure that the book is based on the *de facto* situation, the authors relate stories about particular individuals and quote from their interviews with providers, managers and allies in every State. This, combined with political, social and legal insights, gives a rounded picture of what is happening on the ground in the face of so many restrictions.

As the authors say, the reason that more than 800,000 abortions are able to take place in the USA is largely because of women's commitment to their and their families' dignity and health, providers' creativity and determination to serve their patients and the tireless efforts of allies and volunteers. Political attempts to interfere with abortion have been a constant in America political life since *Roe v. Wade*. The anti-abortion movement has tried almost everything possible to stop legal abortion. Legislative efforts to restrict abortion were ramped up in 2010 and continue unabated.

Looking across the pond from the UK, it is difficult to take in the true extent of these multiple, compounding roadblocks that American women face. Obviously, one of the big underlying differences is that, here in the UK, 98% of women have all procedure costs covered by the State. In the USA, the Hyde Amendment blocks federal funds from being spent on abortion in any benefits programme, not just Medicaid. In addition, nearly half of States ban health insurance policies for public employees from covering abortion. The authors have a whole chapter on 'Coming up with the money'; this is a major factor when half of those receiving abortion care live below the federal poverty line. So much time and effort is spent on raising money (extreme examples given of how this is done include selling sex and selling a pet) that delays occur – and women even go without pain relief to reduce the cost.

Targeted Regulation of Abortion Providers (TRAP) laws regulate abortion facilities in minute, overbearing detail and at great expense. TRAP laws are proposed and passed with the intention of shutting down as many clinics as possible. Most State TRAP laws require clinics to meet the standards of ambulatory surgical centres, which include among their structural specifications specialised heating, ventilation and air-conditioning systems. Some require doctors working in clinics to have admitting privileges at local hospitals. Other laws insist on lower gestational limits or prescribe the way that professionals perform abortions. More than half of States have arbitrary mandatory waiting periods. In Mississippi for example, only gynaecologists can perform abortions. Three-fifths of States mandate information provision, much of it incorrect or deceptive. This, of

course, undermines trust in health professionals, but the overriding consequence is that it is frightening, confusing and emotionally disturbing for patients.

But the obstacles are more than the money and the law. An extensive network of fake clinics, often situated close to the genuine clinics, offer free pregnancy tests and scans to entice women inside and then weigh in with misinformation, scare stories and other ploys. In the State of Mississippi there is one real abortion clinic and 30 fake clinics; in the USA as a whole there are more than 3000 fake clinics. The most extreme anti-abortion organisations originate in the USA; they are active all over the country. Some clinics require a posse of escorts to get women unscathed through a wall of loud protestors.

Travel to clinics can be onerous, with providers being few and far between in some States. Some women need lifts, with supporters working in relays in some instances. Some rely on trains and buses over long distances – timetabling can mean reaching a destination in the middle of the night. This is all replicated when waiting periods require more than one visit to the clinic.

In all, this book paints a bleak picture. However, one way or another, multiple obstacles are often overcome by humane providers and supporters. The support and compassion shown every day to pregnant women stands in stark contrast to the extremist voters and politicians, particularly in the 21 States which are hostile to abortion. The profound inequality in society is one of the most striking features of the USA. It fundamentally undermines access to healthcare. There are signs that if women continue to be oppressed and denied their reproductive rights, they may take things into their own hands and self-manage their abortions.

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