

What do abortion pills mean in a pandemic, asks Leah Eades

Like many doctoral students, my research is currently in limbo. I was meant to be moving to Ireland in September to conduct anthropological research on the politics of abortion – but now, I’m waiting to see whether that will be possible. In the meantime, I do the only thing I can: sit in my Edinburgh flat and watch my social media newsfeed fill up with stories of how COVID-19 is impacting reproductive rights and healthcare across the world.

Often, the news is not good.¹

Researchers, campaigners, and journalists alike have been quick to note that the pandemic is having a devastating effect on abortion. In some places, COVID-19 has given anti-abortion politicians a thinly veiled excuse to further restrict access to legal abortion – take, for example, Poland, whose government attempted to push through an abortion ban while protestors were on lockdown, or the conservative US states that rushed to categorise abortion as a non-essential “elective” medical procedure, rendering it inaccessible for the duration of the crisis. In other places, such as Gibraltar and Argentina, progress towards legalising abortion has also ground to a halt, with referendums postponed and parliaments closed for the foreseeable future.

That said, even in countries where abortion is legal, the pandemic has shone a light on shortcomings in current abortion law and provision – and particularly the perils of assuming that abortion rights necessarily translate into abortion access. The UK is a good case in point. In England, Scotland, and Wales, legal restrictions have now (after some kerfuffle)

been temporarily lifted in order to permit telemedicine abortion, allowing people to receive abortion pills in the post following a telephone consultation. In Northern Ireland, however, abortion only became legal on 31st March. The government, citing the pressures of the pandemic, refused to launch domestic services on that day as initially planned, and instead advised abortion-seekers to travel to England for procedures, in spite of the nationwide lockdown. In response to this inaction, both Alliance for Choice and the British Pregnancy Advisory Service (BPAS) publicly announced plans to provide abortion pills to residents of Northern Ireland – a move that finally prompted the government to change its position and begin allowing abortion on 9th April. Even now, telemedicine abortion remains unavailable in Northern Ireland, unlike in the rest of the UK.

I highlight the UK case as a means to exploring a question that is increasingly on my mind: what do abortion pills mean in a pandemic? In recent years, abortion pills have come to mean a lot of different things to a lot of different people. Often, they're framed as having revolutionary potential – one that can “change everything” in terms of how abortion is conceptualised, accessed, and provided (Berer and Hoggart 2018), and can be linked to wider processes of demedicalisation and decriminalisation (Jelinska and Yanow 2018). Moreover, the rising availability of abortion pills has significantly changed the political geography of abortion – increasingly, as Sydney Calkin (2018) notes, access is determined not by state-imposed legislation and regulations but rather by fluid, dynamic, and transnational technology and information infrastructures. The COVID-19 pandemic represents, perhaps for the first time, a major reconfiguration of these infrastructures – and one that has profound implications. With borders shutting and supply chains disrupted, the revolutionary potential of abortion pills, now more than ever, is being put to the test. So: how are they faring?

As the UK case above highlights, the possibilities of abortion pills during a pandemic are significant. Through telemedicine abortion, patients are able to access safe, legal abortion without leaving lockdown and exposing themselves and health workers to unnecessary risk. In Northern Ireland, meanwhile, the informal supply of abortion pills provided people with an alternative to abortion travel at a time when such travel was, at best, inadvisable, and at worst, impossible. Moreover, pro-choice groups such as Alliance for Choice and BPAS were able to effectively use the threat of circumventing state restrictions by supplying pills as a means of forcing the government to act.

However, it is important to note that abortion pills are not a panacea – alone, they cannot ensure that abortion is always accessible when it is needed, during a pandemic or otherwise. Firstly, it's vital to note that medication abortion is not suitable for everyone – there will always be patients who need surgical options, for example those at a more advanced stage of pregnancy or those with pre-existing health conditions or other complications. Secondly, even for those who *can* have medication abortions, access continues to be shaped by infrastructures that determine who can access abortion pills, as well as where and how. The pandemic has already led to concerns about disruptions to the medication supply chain. In addition, the suspension of international mail in places such as Poland means that abortion pills can no longer be reliably imported, leaving abortion-seekers with even more limited options and in even greater uncertainty.

Finally, even in contexts where abortion pills are available, it's important to note that, for many patients, they now exist in a context where patients have few other options – it has been reported that 25% of UK clinics are currently closed due to staff shortages, while travel disruptions and restrictions are impacting people's ability to travel for appointments both domestically and transnationally. As Cassandra Yuill (2020)

has pertinently pointed out, rights to choice in reproductive and sexual health care are “evaporating in the name of public health” – and, in so doing, revealing the ideological illusions and power imbalances that underlie many contemporary healthcare systems.

Taken together, these pandemic conditions only serve to highlight the fact that abortion pills are not, and have never been, a silver bullet solution to the issue of abortion access. Certainly, the availability of telemedicine abortion, whether through formal or informal channels, provides important opportunities for safeguarding and promoting abortion access in times of crisis. Nonetheless, times of crisis also reveal the shortcomings and limitations of these pills, which remain entangled within the wider medico-legal nexus, and shaped by infrastructures that depend on global production supply chains and technology and information systems.

While the long-term implications of the pandemic on reproductive health and rights remains to be seen, the current role of abortion pills in attempts to navigate the pandemic highlight that no one technology has the power to “change everything”. If we want to ensure abortion is accessible for those who need it, then we have to address the broader political, cultural, socioeconomic, and structural factors that shape the contexts that these technologies exist within.

Leah Eades is a PhD candidate in Social Anthropology at the University of Edinburgh. Her research looks at abortion and the politics of reproduction in Ireland following the repeal of the 8th Amendment. You can follow her on Twitter at @AnthropoLeah.

References

Berer, Marge, and Lesley Hoggart. 2018. “Medical Abortion Pills Have the Potential to Change Everything about Abortion.”

Contraception 97 (2): 79–81.
<https://doi.org/10.1016/j.contraception.2017.12.006>.

Calkin, Sydney. 2018. "Towards a Political Geography of Abortion." *Political Geography* 69: 22–29.
<https://doi.org/10.1016/j.polgeo.2018.11.006>.

Jelinska, Kinga, and Susan Yanow. 2018. "Putting Abortion Pills into Women's Hands: Realizing the Full Potential of Medical Abortion." *Contraception* 97 (2): 86–89.
<https://doi.org/10.1016/j.contraception.2017.05.019>.

Yuill, Cassandra. 2020. "Reproductive Rights in the Time of COVID-19". *Somatosphere*, 29 March.
<http://somatosphere.net/2020/reproductive-rights-in-the-time-of-covid-19.html/>.

1. For up-to-date news about the impact of COVID-19 on reproductive health and rights, I recommend consulting the Centre for Reproduction Research's COVID-19 and Reproduction Digest as well as the International Campaign for Women's Right to Safe Abortion's news archive.