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contested spaces: abortion clinics, women's shelters and hospitals

Lori A. Brown, Ashgate Press, Farnham, Surrey, and Burlington, VT, 2013, 254pp.,
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Lori Brown's new book *Contested Spaces: Abortion Clinics, Women's Shelters and Hospitals* is an attempt by a feminist architect to push a quite conservative field in a more socially committed and responsible direction by exploring one of the most contested and politicised spaces there is: abortion clinics.

The book asks a very important question: how can clinics be designed to improve abortion access? With this practical question in mind the author designed an ambitious study of abortion clinics, women's shelters and hospitals in the United States to discover 'what the potential agency is within these spaces and how are people who use these spaces able to capitalize upon this potential and reorganize or subvert existing power structures and the spaces that reinforce them' (p. 37). This is a highly relevant project that speaks to today's increasing restrictions on access to abortion at the state level and mounting harassment of abortion clinics' employees, doctors and patients by anti-choice groups. The book's strengths are the interdisciplinary character of the project and the depth of the field research conducted. However, there are many areas in which the book falls short of its initial goal.

While the book provides a great deal of information about the status of abortion access in the United States (and to a lesser extent in Canada and Mexico), there is overall a predominance of description over analysis. Even when the author has collected some impressive data, for example about access to emergency contraception in the most restricted states (her research team called all pharmacies to ask whether they stock and sell the morning after pill), there is a disconnect between the data collected and the theoretical discussion of feminist and subaltern studies of space presented in the first chapters. There is little attempt to link the data back to the theory and to assess its implications for the theoretical discussion.

The book also seems disjointed and unbalanced in its treatment of the cases, and has major errors in editing as well as substantive mistakes. The title is problematic in that it does not accurately describe what the book is about: women's shelters and hospitals are given a small amount of space throughout a book that is clearly dominated by the analysis of abortion clinics. Perhaps this was a choice by the publisher not the author. In addition, the treatment of the three country cases is also unbalanced. The original field research was conducted only in the United States and the discussion of the other countries is shorter and based only on secondary sources. There is also no discussion of women's shelters or hospitals in these other countries (aside from the number of hospitals in each of them). The comparison with Canada and Mexico is a good idea and adds an interesting analytical dimension (in particular in light of how little is known within

the United States about the restrictions in Canada at the provincial level), but the project would have been better served by a separate section offering a short comparative analysis, rather than presenting the cases in each of the sections as if they were on equal footing.

The stories of the abortion providers are among the most interesting parts of the book. However, there is little if any aggregated analysis of the data obtained through interviews with these providers, reducing their interventions to mere anecdotes. While it is understandable that their identities are to remain anonymous given the constant threat providers face in their daily lives, there is no information on how many providers were interviewed, how the selection process was done, in which states these providers reside and so on.

Finally, aside from many typos, the book contains serious mistakes in content; for example, Maryland is cited as having thirty-four restrictions on abortion access (p. 102), probably a leftover from the figure on the number of abortion providers in the state, which is also thirty-four. The Guttmacher Institute states that Maryland has only two restrictions: abortions must be performed by a licensed physician and parents of minors must be notified. These mistakes diminish the quality of the extensive research that was conducted. The figure on the United States titled 'US restrictions by state' (p. 102) equates state regulations with restrictions to abortion access. So California, which is one of the few US states in which abortion is accessible, ends up being more restrictive than South Dakota, Texas, Alabama, Utah and numerous other predominantly anti-choice states. This ignores the fact that some of the state regulations—such as those protecting clinics from blockades and violence, or the provision of funding for low-income women's reproductive-health care—actually guarantee instead of restrict access. A similar confusion is created in the figure on Mexico (p. 64). The heading says this is a map on the number of restrictions, but the subheading says that it illustrates which states have more liberal policies, and thus it is unclear whether a higher number assigned to a state represents more restrictive or more liberal policies.

The concluding chapter calls for a number of policy changes to improve abortion access: the integration of abortion into reproductive-health services by providing abortions in hospitals and other non-traditional places (such as military bases, churches, shopping malls and schools), allowing qualified professionals who are not physicians (such as certified midwives, nurse practitioners and advance practice clinicians) to perform abortions, and teaching abortion techniques within all medical schools. These are all strong recommendations that would surely increase abortion access if implemented. Only 4 per cent of abortions in the United States are conducted in hospitals according to the Guttmacher Institute. In agreement with the author's suggestions, a group of reproductive-health experts have in the past years launched a campaign in the United States urging hospitals to end the isolation of abortion providers. But what are the factors behind the isolation of abortion from the rest of reproductive-health care? How can we lift hospitals' bans on providing abortions? How can we dismantle the abortion stigma responsible for this segregation of a medical procedure in the first place? These are all unanswered questions left for those in the pro-choice and reproductive justice movement to address.

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