



Emma Campbell, 'All We Want is Free, Safe, Legal Abortion Access for Everyone Who Needs It: An Examination of the Northern Ireland Decriminalisation of Abortion Campaign,' *New Area Studies* 4:2 (2024).

All we want is, free, safe, legal, local abortion access for everyone who needs it: An examination of the Northern Ireland decriminalisation of abortion campaign

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The decriminalisation of abortion in Northern Ireland in 2019 was politically complex. This paper presents an overview from my perspective as the co-convenor of Alliance for Choice (AfC), the primary abortion activist group in the North, focusing on the socio-political background, then analysis via key themes. It considers abortion law in Northern Ireland as British colonialism in Ireland; it then follows the recent political crisis in the British government that offered abortion activists an unprecedented opportunity for restitution via decriminalisation. There is an examination of the influence of SisterSong's work, which informed Alliance for Choice's (AfC) campaign for decriminalisation (Bloomer & Pierson 2020). The article critically examines multiple barriers to abortion faced by people in Northern Ireland, where navigating complex abortion health systems for access to abortion care leaves too many behind. Finally, it illustrates how the needs of abortion seekers are better addressed by focusing on decriminalisation. It concludes by identifying how this can inform reproductive justice campaigns elsewhere and recognises the intersectional work that remains to be done. Together it illustrates how in Northern Ireland, multiple layers of campaigning and political change were utilised to bring forth significantly greater

bodily autonomy within a human rights and grassroots framework.

Access to abortion across the world is forever in flux and highly contested even in sites of relatively easy access (Campbell, Ndolo, et al., 2021b; Berer, 2019). In criminalised settings, debates on abortion are typically steeped in highly charged political discourse, with the influence of conservative social, cultural, and religious norms evident (UK All-Party Parliamentary Group (APPG) on Population, Development and Reproductive Health, 2018). This paper takes one of those settings, Northern Ireland (NI), and gives an overview of the prevailing circumstances leading to decriminalisation from a grassroots activist context through a number of central themes.

The initial section 'A Place Apart: Northern Ireland as A Nexus of Political Instability' covers the period 2008–2017 and offers a framework of Northern Ireland's political and cultural background for those new to its unique circumstances and complex post-conflict democracy. It lays out the legal, activist, political and related Irish abortion context which made abortion access and discourse different in Northern Ireland than in either the Republic of Ireland or Great Britain. The decriminalisation of abortion in the 6 counties of Northern Ireland in 2019 was politically complex and globally misunderstood as the same as that of the 26 counties of the Republic of Ireland, or as resulting from the south of Ireland's referendum. Both 'Alliance For Choice: An Abortion Rights Movement' and 'Repeal The 8th: The Sister Irish Abortion Campaign', give a brief background to the two activist movements in Northern Ireland and the Republic of Ireland. This paper will present an overview from my perspective as the co-convenor of Alliance for Choice (AfC), the primary abortion activist group in the North, and as a researcher, focusing on three key themes.

To draw out the threads of imperialism woven through the abortion issue in Northern Ireland, the section entitled 'A Colonial Boot Print: The Impact of British Laws', considers the historical backdrop of the introduction of the abortion law that Northern Ireland languished under for over 160 years linked to British colonialism in Ireland. This is

followed by a tracking of the contemporary lobbying and political context that eventually aided the change in the section entitled 'Stormont Stasis: The Incremental Progress Made Despite A Cease In Devolved Government'. It tried to capture the crisis in the British government that offered abortion activists an unprecedented opportunity for decriminalisation. This then leads into the section, 'A Justice-Based Approach: The Influence of The Reproductive Justice Movement', which examines how learning about reproductive justice activists such as SisterSong in the United States, led to a reframing and reinvigoration of the needs of abortion seekers and the wider community. Of particular importance was the framework of intersecting marginalisation which grew out of Black women's experiences in the United States of systemic racism and misogynoir. It traces how this informed Alliance for Choice's campaign, from extending the British 1967 Abortion Act to Northern Ireland (a focus until 2008) to shifting the attention instead to decriminalisation and their slogan of 'Free, Safe, Legal, Local'. This section concentrates on Alliance for Choice (AfC) who were, in the period covered in this article, the largest abortion campaign group in Northern Ireland. They were small but mighty and ensured that the voices of abortion seekers were heard in public discourse in Northern Ireland anytime abortion was discussed. They were formed out of alliances between feminist Trade Unionists, student activists, moonlighting policy makers, researchers, artists, lawyers and more. Their strategies for change were wide reaching and varied and included feminist law making (Enright, 2023), traditional political lobbying, and adoption of 4th wave techniques on social media (Bloomer & Pierson 2020).

In the second main theme, "Barriers and Borders: Geopolitical Impacts on Northern Ireland Abortion Seekers," this article will critically examine the multiple barriers faced pre- and post-decriminalisation by people in Northern Ireland, in navigating complex abortion health systems to access abortion care within the National Health Service (NHS) and outside of it. The analysis will bring a particular focus to those unable to access care in another country even after decriminalisation. It focuses on undocumented, asylum seekers, and those for whom circumnavigating national and natural borders is particularly difficult, even after decriminalization.



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The final theme, 'Radical Care: Activists' Solutions To A New Abortion Paradigm' illustrates how the needs of abortion seekers are more readily addressed by a focus on decriminalisation. It demonstrates how community-led radical abortion care took advantage of decriminalisation to move from a secretive, underground network to a public one of safety from prosecution and one with the ability to challenge power that continues to block access to services. It concludes by reflecting on lessons learned, identifying how these can inform reproductive justice campaigns elsewhere and recognising the intersectional work that remains to be done.

Together each section leads to the conclusion that there are many fronts on which a campaign for abortion access must fight, but fundamentally, it should aim to remove any latent criminality for abortion seekers or providers. In Northern Ireland, this understanding was utilised for a unique moment but one with significant resonances for those around the world also struggling for bodily autonomy.

A Place Apart: Northern Ireland as A Nexus Of Political Instability

This section frames the legal, social, and activist context within Northern Ireland in the years leading to decriminalisation, beginning with the activist group Alliance for Choice. Northern Ireland has a devolved Assembly at Stormont and features power-sharing between the two largest parties of Sinn Féin and Democratic Unionists, representing the two main religious groups in Northern Ireland of Catholics (Sinn Féin) and Protestants (Democratic Unionist) (Pierson, 2022). The devolved government in Stormont is highly unstable and has dissolved multiple times, usually due to an impasse in power-sharing. As a result, legislative decisions are usually made by default in Westminster, especially if it is on an issue of human rights and temporary governance. The body that often remains the stakeholder for human rights in Northern Ireland, and the one with ultimate legislative authority, is therefore the United Kingdom Parliament (Thomson, 2018).



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Northern Ireland has a small number of MPs elected to Westminster and a larger cohort of Members of the Legislative Assembly elected to Stormont.

The politicians in the most conservative parties in Northern Ireland, maintain, even in the face of contradictory evidence, that morally and biologically it is somehow a place apart, 'an alleged specificity of the Northern Irish people,' (Molinari 2020, para. 42). This was demonstrated by the region's refusal of sexual progress, linked also to their blockages on equal marriage and other LGBTQ+ rights. Whilst in Great Britain, the Westminster parliamentary majority was already comfortably pro-choice, the critical question for British MPs remained as to where to situate responsibility for human rights breaches within a devolved settlement (Pierson 2018, Thomson, 2022). Without a functioning devolved government in Northern Ireland, there were also considerations as to whether there was ample evidence of support for change on the law from the population (Bloomer and Campbell, 2022). Activist groups in Northern Ireland were painfully aware that they would have to act politically on all fronts.

Alliance For Choice: An Abortion Rights Movement

As an activist in 'Alliance for Choice,' (AfC) a pro-choice movement based in Belfast, it was an historical moment to witness the decriminalisation of the abortion law in Northern Ireland in 2019, after over 150 years of hefty punishment through the 1861 Offences Against the Persons Act. AfC understood that they would have to undertake the almost insurmountable task of forcing the Northern Irish legislative Assembly to act and the British Government to step in when Northern Ireland's Legislative Assembly at Stormont was unable to act.

Being situated in the post-conflict state of Northern Ireland meant pragmatically working in three legislative, policy and activist contexts: Ireland, Northern Ireland and Great Britain (Thomson, 2018). This was not exceptional for abortion but was a precedent for any political or cultural issue. Abortion did unearth some unique outworkings of the delicately balanced political agreements between the three jurisdictions (Campbell,



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2022). The island of Ireland has 32 counties, which were divided into two legislative states by the British in the 1920 Government of Ireland Act (Molinari, 2020): one with 6 counties and a majority of Protestant British Unionist voters in Northern Ireland and the other with 26 counties and a majority of Catholic Irish Nationalist voters in the Republic. Both sides of the border retained populations from both communities. As Britain ceded most of the country's return to Irish independence, it retained the North, and significant legislative responsibility despite a great deal of independence from the British Government at Westminster over the last century (Molinari, 2020). Despite this ethno-religious divide on the island between the two countries, much of the culture of religious conservatism remained similar across the small island's border. The prevailing culture of sexism and misogyny was woven through both north and south, where, for example, the religious institutions that incarcerated unmarried pregnant women to provide indentured labour as laundry workers, remained open until the 1990s, and condom smuggling from Northern Ireland into the Republic of Ireland by train in the 1980s was the only way to ensure supply for those who were not married (Cloatre and Enright, 2017).

Repeal The 8th: The Sister Irish Abortion Campaign

The grassroots 'Repeal the 8th' abortion movement was begun in 2012 after the tragic death of Savita Halappanavar, when she was refused an abortion in a Galway hospital (McDonnell & Murphy, 2018). Although 'Repeal the 8th' started small, it built strong pro-choice support for legal change across the whole island, so that by the time there was a referendum in 2018, the country was overwhelmingly ready to support the right to choose when it came to pregnancy. The 'Repeal the 8th' campaign has continued to offer solidarity to the North of Ireland in their calls for choice. Yet this mutual care and attention is still not reflected in statutory access in either area, which continue the barriers of jurisdictional-specific medical cards or prohibitive private costs if accessing care 'across the border'. The allyship of AfC with the Abortion Rights Campaign and other sibling organisations in the rest of Ireland was due to shared approaches, a mirrored experience of harm under the law and parallel geo-political positioning. Until



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the law was changed in Ireland by a referendum, resulting in a new legal regime in January 2019 (Houses of the Oireachtas, 2018), abortion access was a prosecutable offence, excluding rare life-saving exceptions which were infrequently and narrowly applied. This was mirrored somewhat in the North due to the history of the original abortion law, part of the larger Offences Against the Person Act, which was introduced to Ireland in 1861 when the island was still one united country but, like many other places across the world at that time, under British rule. Ireland's relationship to abortion often mirrored that of the North, but the formulation of Ireland's constitution and the placement of the protection of the foetus into it, meant the only way to allow for legal abortion healthcare in the 26 counties would require a referendum to remove the 8th Amendment. This effectively meant a public vote on rights that should be guaranteed by Ireland's ratification of various United Nations committee obligations, but without the referendum no law would be compatible with the Irish constitution. The public campaign to win a 'Yes' to Repeal the 8th focused on the stories and experiences of women who had to travel for abortion, which was happening at a rate of roughly 4,000 per year (O'Shea, 2013).

A Colonial Boot Print: The Impact of British Laws

Ireland's borders, its laws and even its culture have been hugely impacted by the legacy of the British occupation that was the culmination of centuries of aggression. The law that was eventually repealed in Ireland in 2018 was formed and maintained not only by the Catholic Church, but also by the imposition of the Offences Against the Persons Act in all of Britain's colonies in 1861. The latter half of the nineteenth century in Britain was a time of mass worker movement from rural areas into cities for industrial labour. The workforce included women who were paid less and viewed by male workers as undermining a man's place in the workhouses and factories (Fegan, 1994). This only just predated the establishment of the suffragette movement in the UK (United Kingdom) and Ireland (UK Parliament, 2019), which would go on to push for not only the vote but also the ending of the exploitation of women that was manifested through their lower pay for similar work and manifold unpaid caring roles.

Rosalind Petchesky (1987) has criticised the cultural 'historical amnesia' of the West, a collective forgetfulness that adheres us even now to the Victorian sexual mores typified in the 1861 Act: 'This amnesia disavows bygone eras, where abortifacients and contraception were commonly used to control family size and even the Catholic Church permitted abortion up to "quickening"' (Campbell, 2021). This British Victorian legislation was harsh and punitive: it had the immediate effect of lessening women's access to industrial labour (where their wages were lower even than men's) as pregnant and recently postpartum women are less able to work, if at all. The British Empire was chiefly concerned with capitalist expansion and extraction and poor bodies were collateral (Federici, 2014). The Global Abortion Policies Database tells us that of the '18 Commonwealth countries in Africa subjected to British colonial law, 11 still have statutes directly derived from the 1861 Act. In the Caribbean [it is] 9 out of 12 and in the Pacific, it is 9 out of 11' (Nandagiri et al., 2020). Viewed from the unique lens of Northern Ireland, the British abortion law, reformed in 1967 to permit abortion, did not attempt to include Northern Ireland in its first form in the UK parliament (McNeilly, 2013; Roulston, 1989). Our inhabitants' mercurial relationship with the state has meant we are treated more like colonial subjects than equal citizens of the 'mainland' (Pierson, 2022; Thompson, 2022).

The stormy history of NI's relationship to the British government at Westminster often served to worsen the impact of abortion access beyond the strict and punitive outworking of the Offences Against the Persons Act, not least due to the increased surveillance and policing of people from Northern Ireland coming into air and seaports by border controls and anti-terrorism forces. To the deep disappointment of activists in Northern Ireland, abortion was even used as a bargaining tool by both Labour (Horgan, 2008), who are traditionally more left-wing and formed of the labour movement and liberal, and respective Conservative governments (Thompson, 2022), who are more right wing and formed largely out of the elite public schooling system. All English political parties have a tricky relationship with Northern Ireland, no-one in Northern Ireland can vote for the British Labour party as they do not stand in the region, and the few Conservatives that



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have stood for election rarely gain many votes. The seats in Westminster, then, that the people of Northern Ireland can vote for are usually polarised between the Catholic/Irish/Nationalist Sinn Féin and the Protestant/Unionist/Loyalist Democratic Union Party. The 2017 Westminster elections saw more middle ground parties for Northern Ireland, such as the Protestant right of centre Ulster Unionist Party and the Catholic right of centre SDLP, lose their seats to the ultra-conservative Democratic Unionist Party who hold seats in the Northern Irish Assembly and in Westminster (Tonge, 2019). Sinn Féin, the party representing the Irish republican vote, hold an abstentionist policy on the British government at Westminster which means they do not take their seats and unfortunately also means the Democratic Unionist Party's voice was often the only one heard by British Politicians aside from the singular non-sectarian Alliance Party seat from 2010-2015, joined by the Catholic vote of the SDLP after 2019.

Stormont Stasis: The Incremental Progress Made Despite a Cease In Devolved Government

The 2017 Westminster election saw the then British Prime Minister, Theresa May, lose a significant margin of the Conservative Party's control over the House of Commons (Magazine & Boissoneault, 2017). These unique circumstances made the Democratic Unionist Party erstwhile kingmakers of the UK Parliament (Creasy & Sanquest, 2022), as the margins for a majority were too tight to ignore their support. It also, however, brought UK media attention to the Democratic Unionist Party's ultra-conservative views on a range of social issues (Power, 2019). Until then the British population had been unconcerned about the deep conservative politics of the Democratic Unionist Party (Fenton, 2017), due to the lack of their impact on the lives of people in England and Wales. The three stand out issues were Brexit, abortion rights and LGBTQ rights, which was of concern to many including some of the more liberal conservatives. Much mainstream political news after the 2017 election, even globally, centred around finding out about the Democratic Unionist Party (BBC Newsround, 2017; Smith, 2017).



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The recalcitrant Democratic Unionist Party were incandescent about the prospect of a change to the abortion law in Northern Ireland. The prospect of a more pro-choice law around abortion rights in Northern Ireland saw the members of the Democratic Unionist Party making wholly inappropriate comments in the legislative chamber, and clearly demonstrated for the British public the depths to their sexist conservatism (Tonge, 2019). This party's belligerence alongside the documented push from most other political corners of Northern Ireland for the Westminster government to make new legislation for abortion, as well as the grassroots voice for change, began to create the political circumstances under which abortion decriminalisation might be possible. From 2017 to 2019 small, but important, changes took place such as abortion treatment and travel being funded by the Westminster government (London-Irish ARC (Abortion Rights Campaign), 2017). Yet, by the summer of 2019 Northern Irish abortion seekers were still burdened with tough choices when it came to their own healthcare such as the potential of being charged with illegality, the risk to safety of travel and finances to acquire health care (Sheldon, O'Neill, Parker, & Davis, 2020).

The removal of sections 58 and 59 of the 1861 Offences against the Person's Act of 1861 however, and the resultant decriminalisation of abortion in Northern Ireland, was realised through the unrelenting pressure of a grassroots and civil society movement in Northern Ireland itself (Campbell, 2022; Sanquest, 2022). This was with the essential help of a singularly determined backbencher, Stella Creasy MP, rather than through the benevolence of legislators (Creasy, and Sanquest, 2022; Sanquest, 2022). The paths to the historic change involved brave actions, stunts and 'tickling law' (Enright, McNeilly, & de Londras, 2020, 16). Accusations that activists were 'baby killers' and 'murderers' were frequent (Campbell & Connor, 2021) and came from people with high positions of political power in Northern Ireland as well as pro-life campaigners. Some dedicated midwives, consultants and nurses pushed for clinical services (Kirk et al., 2021), yet still in 2024 Northern Ireland is without the fully realised care it was promised.

The new framework was based on the 2018 Committee for the Elimination of Discrimination Against Women (CEDAW) inquiry recommendations (CEDAW, 2018b). It

provided for abortions on request up to 12 weeks, and between 12 and 24 weeks if *'continuance of the pregnancy would involve risk of injury to the physical or mental health of the pregnant woman which is greater than if the pregnancy were terminated.'* The law stipulated that the procedure also needed to be signed off by two healthcare professionals. The termination of a pregnancy up to term was legally allowed in Northern Ireland if it was necessary to prevent grave or permanent injury to the health of the pregnant person, or indeed if *'the continuance of the pregnancy would involve risk to the life of the pregnant person which is greater than if the pregnancy were terminated'* (CEDAW, 2018b). In addition, this was permitted if there is a diagnostic indication that there is a severe foetal impairment or fatal foetal abnormality. This new framework was also accompanied by an obligation for evidence-based Relationship and Sex Education at schools and Safe Access Zones around clinics to keep abortion seekers safe from protestors (CEDAW, 2018b). Most importantly, it removed all criminalisation of abortion seekers and non-medically trained people who might aid their access. Unfortunately the British Government added a minor criminal offence for medically trained providers who act outside the regulations, but by and large it is one of the best laws on paper, insofar as any law about abortion can be good. It is also globally significant to see a United Nation's Committee recommendation be enacted, verbatim, into law. Unfortunately, we are still to see the full spectrum of care as legally required, enacted into service provision. As of the end of 2023, we still have few abortions carried out after the 12 week period and around 2 women a week are still having to travel to England to seek the medical care and support they need for a termination.

The journey to achieving the decriminalisation of abortion was long and complex and involved a variety of civil society and political actors all detailed in a double volume written by those directly involved in the campaigning or affected by the laws (Bloomer & Campbell, 2022a & 2022b). What follows in this article is a breakdown of why AfC positioned itself to campaign only for free, safe, legal, and local access without compromise (Campbell, 2021, Enright, McNeilly, & de Londras, 2020), inspired by fellow activists in a global community in the fight for abortion access and cross-cutting reproductive issues.



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A Justice-Based Approach: The Influence of the Reproductive Justice Movement

Reproductive Justice is a framework that enshrines principles of justice across a web of intersecting oppressions. It speaks to wider issues of community justice and state abandonment by understanding the experiences of marginalisation as systemic and connected (SisterSong, 2014). The right-wing pushback against self-management of reproductive bodies aims to maintain the elevated status of white, patriarchal, heteronormative, and imperial systems (Crenshaw, 1991). When framing intersectionality as a resistance to the status quo, Crenshaw (1991) is adamant that key affected communities of race, disability, queer and other discriminated communities are included in shaping policy provision. Without this there can be devastating impacts to those ignored, such as when white and privileged feminists fail to cast a critical eye and include a diverse range of experiences in their abortion frameworks. Reproductive Justice has three fundamental principles, which are: the right not to have a child; the right to have a child; and the right to parent children in safe and healthy environments. It also demands that everyone is entitled to sexual autonomy and freedom of gender expression (Ross & Solinger, 2017).

In 1994, Black women-led reproductive justice activists in the United States vocalised and activated a heightened recognition of the intersectional needs of abortion seekers and the wider community. In particular, they called attention to the economic and cultural barriers which cause complex discrimination. According to Ross and Solinger (2017) their social justice framework, spliced with a reproductive rights framework, acknowledged not only the need for abortion to enable full rights and autonomy as an equal, but also the right not to be sterilised or prevented from having children or raising a family due to lack of state support, safety from over-policing and from gender or race based violence.

The powerful social justice work of SisterSong (2014) was inspired by the now historic statement of the Combahee River Collective (2014) and the important work of Patricia

Hill Collins (1990) and Loretta Ross (2006). It asked white feminists in the global north for acknowledgement and restitution for the harm caused by racist blind-spots in both mainstream feminism and abortion activism. The exclusion of women of colour from mainstream feminism forced black feminists and feminists of colour to develop important intersectional frameworks and models of reproductive justice that fully considered the needs of all birthing people from the starting point of the most marginalised, rather than only from the perspective of people with the finances, resources, and travelling capabilities to navigate complex regulatory abortion systems and childcare support. The ground-breaking work of intersectional feminists and the formation of a Reproductive Justice framework precluded a simplistic rallying cry of 'choice,' where choice may only be granted to those with means and connections.

SisterSong's intersectional reproductive justice approach inspired AfC activists after attending a conference in Prince Edward Island in Canada in 2014. This focused on reproductive justice, and in that context on the reproductive justice needs of First Nation peoples from that region. AfC were especially engaged in this approach as the number of asylum seekers and migrant women approaching them for assistance was beginning to rise. While the historical and subsequent social and cultural contexts around racialised people such as those belonging to First Nations are vastly different in countries such as Canada and the USA from those of Northern Ireland, the framework of reproductive justice remains pertinent to abortion activists everywhere. There are few places where intersectional marginalisation that are underpinned by race do not influence the quality of, and access to, healthcare. Even in a country with low historic immigration, Northern Ireland still has over 3.4% of the population (around 65,500 people) from minority ethnic backgrounds (Nyberg, 2020). The intersectional needs of abortion seekers in Northern Ireland and the wider community, and the additional economic and cultural barriers that marginalised some more than others, meant that the focus of grassroots activists was on those unlikely to have the ability to travel for abortion treatment and who were therefore at risk of arrest. This clarity of purpose informed a shift from campaigning on extending the 1967 Abortion Act to Northern Ireland to the unwavering goal of decriminalisation.

The reproductive justice framework began to influence the approach to both AfC doula and protest work. Activists in AfC were direct witnesses to the harms caused by legal, financial, and logistical abortion barriers and the lack of immediate support to the people least able to travel. In 2017 Migrants and Ethnic-Minorities for Reproductive Justice (MERJ), were a group founded in Dublin out of frustration with the lack of prominence of racialised voices, especially when Savita Halappanavar's likeness was used repeatedly as the poster image for changing the law in Ireland (MERJ, 2020). Savita was a dentist of Indian origin who tragically died when she was refused life-saving abortion care in a Galway hospital (McDonnell & Murphy, 2018). When the circumstances of her death emerged, it spoke to the experiences of too many other women of colour who also had been treated with violence or disregard and as a result had much higher rates of death in reproductive care in Ireland (AIMS Ireland, 2014).

MERJ made a necessary claim to speak out for the people in Direct Provision who would be doubly marginalised by any barriers that remained. MERJ reminded the movement to include their voices, to acknowledge that women of colour should not just be remembered when they die. However, when the movement had to join forces with Non-Government Organisations for the final referendum push, many of these important intersectional gains were lost (Olufemi, 2020, 99). AfC have worked both as part of the Women's Policy Group and as partners with The Northern Ireland Refugees and Asylum Seekers Women Association (BOMOKO NI) (Corr, 2021), the Migrant Centre NI (Migrant Centre NI, 2023), Black Lives Matter in Northern Ireland (Mercer, 2020), United Against Racism, Northwest Migrants Forum & Belfast Multi- Cultural Association (Northwest Migrants Forum, 2021), Rainbow Refugees (Corr, 2023) and Practice and Participation of Rights (Breslin, 2023), all of whom have either referred to or responded to AfC's requests for support and information specific to refugees and asylum seekers. Working in partnership has enabled them to extend support in terms of shopping vouchers and other necessities beyond abortion care. Most significant are the women living in contingency accommodation that AfC have helped directly. Barriers for these people seeking reproductive rights have included anti-choice translators, gatekeeping by



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contingency accommodation staff, referral to anti-choice organisations, and a lack of clear pathways for treatment (McVeigh, 2022). Whilst Ireland is still technically, via Northern Ireland, politically entangled in a land dispute, in reality it is refugees and asylum seekers from the global south, or those without the ability to travel because of socio-economic factors that are most greatly impacted by abortion barriers (Nyberg, 2020).

AfC and the other named organisations are small NGOs, typically with 10 or fewer people, aside from Women's Policy Group who are an umbrella organisation that includes most of the organisations mentioned above. Despite the small capacities, partnering in coalition around issues of reproductive justice, racial justice, economic justice, and sexual justice has resulted in urgent need for action being brought before political representatives, such as the detention of pregnant women in the Larne House Immigrant Holding Centre (End Deportations Belfast, 2023). The work of activists remained highly stigmatised and dangerous right up until the law changed in 2019. One high profile example from 2016 was a young woman who was arrested for accessing Early Medical Abortion pills online (Belfast Telegraph E.D., 2016). It was a traumatic moment for her and a watershed moment for support of decriminalisation, as finally the general public understood the full force of criminalising abortion through the volume of street and online protests (O'Dowd, Cross and Bloomer, 2022). In addition to such in-person and online protests, voter reaction to questions of reproductive justice and care in Northern Ireland, when the country was on the brink of another election, found more support for leniency for such young women or a complete overhaul of the legislation (Campbell, 2022).

Barriers and Borders: Geopolitical Impacts on Northern Ireland Abortion Seekers

This section explores some of the barriers that were faced both before and after the decriminalisation of abortion in Northern Ireland. In both circumstances, abortion seekers had to negotiate complex abortion health systems, misinformation, and sea borders to access the abortion healthcare they required within the National Health



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Service (NHS) and through online and local abortion activist groups. The following section will focus on those who cannot travel to access care, considering especially the undocumented, asylum seekers and others facing multiple challenges navigating state borders and systems.

Since 1970 over 62,000 people have travelled to England from Northern Ireland for abortions (Bloomer, 2017). Bloomer noted that travel to GB at its peak in 1990 was at least 1,855 cases recorded per annum (the briefing did not capture migrant status or ethnic identity). For decades, the women's movement in Northern Ireland clandestinely provided funds and other support such as childcare to people seeking abortion care (McVicker and Crickard, 2022), but during the five years before decriminalisation, there was a decrease in travel for abortion from Northern Ireland to Great Britain. The reasons for this are not evidenced but could be due to greater access to contraception services or the opening of the Marie Stopes Clinic in Belfast between 2012 and 2017 (McDonald and correspondent, 2012). The most likely reason, however, was the substantial rise in use of self-managed abortions from internet-based providers. From 2010 onwards the numbers travelling across the Irish Sea began to decrease in line with the increased availability of safe abortion pills via Women on Web and Women Help Women (Aiken, Gomperts and Trussell, 2016).

AfC have been supporting abortion seekers in Northern Ireland for two decades, assisting over 700 abortion cases since 2010 (Campbell E, Connor N, Heaney S, et al., 2021). Before the removal of criminal penalties for abortions in the country in 2019, assisting access to abortion, providing pills, and even supplying information about abortion care risked hefty criminal punishments, including, 'penal servitude for life' in the letter of the 1861 Act (Campbell and Clancy 2018). AfC witnessed how the need for legal abortion travel to England on flights and boats meant some groups of abortion seekers were more often excluded than others from accessing safe care (Sheldon, 2014). These were the people most likely to reach out to activists for help. This inequality was one of the flashpoints when activists wanted to find a suitable and progressive framework from which to approach abortion healthcare justice and one of the reasons it seemed useful to



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look to the United States where a great deal of travel and navigation of abortion funds was necessary (even at that time) to facilitate legal access to care.

The intervening years between the 2008 disappointment from the British Labour government and the law change in 2019, saw the expansion of the activist involvement in their grassroots abortion accompaniment project. The safety and security in maintaining the necessary underground access to the early medical abortion pills meant it fell to a small number of activists. The potential penalties for arrest were too high for many to put their careers, families, and communities into jeopardy (Fenton, 2017). Only a small select group of activists had the full information of the logistics of extra-legal support for abortion seekers, or even which activists were involved, in order to guard access if AfC became targets of police or anti-choice scrutiny (Connolly, 2017). So, whilst not every activist directly participated in the extra-legal provision of the pills, all of them were aware that the baseline always had to be decriminalisation for abortion seekers and activists. 'Free, Safe, Legal and Local' was not a mere slogan, but a call to recognise the material reality for abortion, borne out of the experience of people in the group, either from their own abortion experience or as people who directly help others access abortion.

The people AfC supported often faced significant barriers to travel and made up a considerable proportion of the abortion seeking cohort in Northern Ireland—as highlighted by Aiken, Padron, Broussard, and Johnson (2018). As the region in the UK with the greatest overall social deprivation, 'with over a third of the population living on or below the breadline' (Poverty and Social Exclusion, 2019, para. 1), it is no surprise that financial hardship featured as a major factor (Suiter, 2021). Northern Ireland also faces abnormally high rates of suicide (O'Neill and O'Connor, 2020) and the highest rates of femicide in Europe (Meléndez-Domínguez and Bermúdez, 2020, 382). Consistent with other post-conflict societies, coercive control and domestic violence often factored for many who found it difficult or impossible to get to England (Travers et al., 2020). As abortion doulas, AfC activists dealt first-hand with people who had their phones tracked or their ID and credit cards destroyed, or others who had just escaped an incredibly violent relationship only to find themselves needing an abortion but living in homeless

centres or refuges with little access to legal support. AfC has also supported important work around abortion and disability. In Northern Ireland disabled women have often described how they have been either excluded entirely or co-opted without permission by actors across the spectrum of abortion campaigning (Powell, Hanlon and McMahon, 2022). Often the specific needs of the pregnant disabled person were ignored in pursuit of more condescending conversations about protecting 'imperfect' disabled people (Powell, Hanlon and McMahon, 2022). In the context of Northern Ireland, the Good Friday Agreement and implementation of punitive Conservative government welfare measures have harmed and left out disabled people (Mizzi et al., 2023). Moreover, the National Health Service has been routinely undermined in its capacity to accommodate complex needs due to years of austerity. This lack of acknowledgment and support enraged many feminist and disabled activists who campaigned for abortion access and against welfare cuts (Powell, Hanlon and McMahon, 2022).

Since 2015 the number of people AfC have dealt with who are refugees or asylum seekers living in contingency accommodation, which is largely temporary hotel or hostel rooms, has grown significantly (Campbell E, Connor N, Heaney S, et al., 2021a). Travel for this cohort is often impossible; sometimes, even accessing the right information is difficult without translation services or pro-choice housing officers in their building, and they are all heavily policed by private security companies.

There are always those that fall through the safety net of current abortion provision too. These include children whose family do not know they are pregnant, or who need abortions because of family sexual abuse; those who have addictions or chronic health conditions needing daily prescriptions; or other significant mental health issues. It also includes workers on zero hours contracts or other precarious labour who will lose their jobs if they leave at short notice. It is tough for those with multiple or very young children and no access to childcare to travel last minute for a procedure. Additionally, there are those who do not identify as Cis women who express their discomfort at attending a 'women's health' setting when they present as a man. There are even people who are frightened or have been previously traumatised by clinic protestors. All are left behind



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when there is a law that effectively exiles abortion seekers to a different country needing air or sea travel (Campbell, 2018). Similarly migrant women were often absent from the conversation around access as policy makers often imagine a middle class white settled woman as the 'average' abortion seeker. The job of AfC was to ensure the needs of the migrant woman were as well considered as anyone else's. AfC activists assisted abortion seekers facing all of these issues and more and collaborated with partners especially in Abortion Support Network, Women on Web (Aiken et al., 2018) and Women Help Women (Berer, 2019).

Radical Care: Activists' Solutions to A New Abortion Paradigm

By 2017, Alliance for Choice believed the only way to include all abortion seekers was full decriminalisation (Campbell, 2022). This formulation of the intersectional lens, argued to push for the needs of the most marginalised in order to ensure the best care for everyone (Crenshaw, 1991). AfC provided community-led abortion care before it was legal, gaining vital experience for supporting the most acutely underserved abortion seeking populations (Campbell et al., 2021). Therefore, decriminalisation allowed activists to pivot from being an underground network with clandestine methods, for safety, to a public one immune from prosecution and a growing ability to challenge power that continues to block access. It could be argued that all abortion laws are an attempt to limit the provision of abortion in certain ways. Full decriminalisation, if it were to be achieved, would mean reproductive freedom, as it would remove the struggle for meeting grounds and the race against time.

AfC were escorts into the only abortion clinic in Belfast between 2012-2017. AfC raised money for people's abortions and signed letters pointing to the need to break unjust laws. They have also provided vital support to abortion seekers with advice, signposting, and legal help, an activist group made up of people who have dealt with untenable pregnancies and who sought this information themselves: "we are people who have had abortions". (Alliance for Choice, 2018, p. 2). Despite the overriding stigma arounds issues of sexuality in Northern Ireland, and the overbearing religiosity that is baked into the



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region's politics, AfC activists continually push the public discourse on abortion towards further acceptance and openness (Bloomer & Pierson, 2020; Crockett, 2019).

The groups in Belfast and Derry were both pivotal to introducing the concept of the early medical abortion pill to fellow activists and then the general public in Northern Ireland in the last decade and a half (Dyer, 2017). The activists often 'tickled the law' (Enright, McNeilly and de Londras, 2020) by openly challenging any restrictions around information sharing, and thus formulated within the larger imagination an idea of what accessible abortion care could look like. Initially, there was a relative lack of punishment for provocative illegal actions to raise public consciousness (Sheldon, 2014, 2020).

As already outlined above, in the Spring of 2016, a 21-year-old woman was arrested and charged for purchasing and self-administering abortion pills that she obtained online when she was 19 (Brennan, 2016). The woman's arrest sparked protests across Northern Ireland and solidarity protests in Dublin, Cork, Galway, Berlin, and London (Brennan, 2016). This was a huge turning point for Northern Ireland, but at great cost to the woman in question. Before this arrest, the discussion around abortion in the public sphere was limited to so-called 'Fatal' Foetal Abnormalities (FFA), an issue highlighted by the case of Sarah Ewart (Crockett, 2019), who finally received legal remedy in 2020 after a long legal battle to recognise her inhumane and degrading treatment when she was refused an abortion in Northern Ireland for a severe foetal anomaly (Mackay, 2022). Now it seemed the public finally became aware of the logical conclusion of a law with criminal sanctions for abortion access.

The Northern Ireland devolved Assembly at Stormont had elections in the same month. During the campaign, the criminalisation of the woman for the use of pills featured in every election hustling and debate as the public and civic society clamoured for a resolution that showed more compassion. This was also the Assembly election that witnessed the 'Trust Women' campaign, which saw AfC ask the public to put pressure on their political representatives by asking them whether or not they would 'Trust Women' in their decisions about their own bodies. It also called for a free vote on the issue in



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every party at the very minimum and a pro-choice party policy as the ultimate goal. The empowering and unapologetic language used by AfC, supported by rallies, a postcard campaign and a tee-shirt campaign were used verbatim by local election representatives and press alike (Alliance for Choice, 2015). MLA candidates explicitly stated their stance on abortion (Campbell, 2023). It also demonstrated that there was hitherto a language vacuum in Northern Ireland for people in the public eye to be able to speak confidently and clearly about the issue.

AfC also became victims of their own abortion pill awareness-raising campaign when the Police Service of Northern Ireland raided activists' homes and workshops while most of them were attending the International Women's Day Rally in Belfast in March 2017 (McDonald, 2017). As is the way with a health need that affects one in three women in their lifetime (RCOG, 2019), new circumstances for which they cannot access plane or sea travel reveal themselves all the time. The CEDAW inquiry, which sparked much of the action and became the letter of the new 2019 law, used its recommendations verbatim and were unwavering in their assessment of abortion travel: 'Noting the heavy financial, emotional and logistical burden, the Committee considers that such travel is not a viable solution for women' (CEDAW, 2018).

Then, in Spring 2020 with a new largely decriminalised abortion law on the horizon, the unprecedented barriers that all healthcare services faced during COVID-19, fell onto a Northern Ireland abortion system that did not yet exist and which relied on the safety valve of travel to England. Travel that was no longer permitted or even possible due to the lockdown restrictions. AfC knew already that the outdated 1967 Abortion Act would be interpreted too narrowly in Northern Ireland and was also out of date as far as abortion pills were concerned (O'Dowd, Cross, and Bloomer, 2022). This, coupled with the refusal of Robin Swann, the Health Minister for Northern Ireland, to commission now-legal abortion services, created an urgency to abortion access, one which had not been seen for sixty years. Suddenly there was no access to the care that abortion seekers in Northern Ireland relied on in England and Wales, and no legal and statutory Health



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Trust abortion services in Northern Ireland yet, despite an historic legal change (Aiken & Bloomer, 2019).

Racialised people are faced with the greatest barriers when it comes to navigating borders. In Northern Ireland this is often even more difficult as the borders are sometimes invisible whilst still over-policed for people of colour (Rea, 2022). The sea is the greatest physical barrier to in-person treatment via abortion travel. As I have explored previously, 'The impacts of continuing barriers to abortion access are most keenly felt by racialised and already marginalised people such as refugees and asylum seekers' (Campbell, 2023, 358). Passports, driving licences, or other official photographic forms of identity documents are required for air and sea transport; therefore, recent migrants and asylum seekers are not able to easily navigate the travel barriers beyond those they must surpass for access to healthcare in a hostile environment (Women's Policy Group, 2020).

The barriers created by the refusal of the Department of Health and the Northern Ireland Executive to act, go beyond a lack of access to certain types of abortion treatment and extend to a lack of easily accessible information on where, when, and how to get an abortion. This vacuum creates the perfect conditions for misinformation to thrive. Misinformation can be twice as hard to interpret when the abortion seeker does not have English as a first language. During the late part of 2022 and early 2023, AfC dealt with multiple instances of women who were in contingency accommodation but who were directed towards Stanton Healthcare. As covered in Dimsdale (2022), this clinic is known to be a dangerous rogue crisis pregnancy centre, whose website perfectly mimics an abortion clinic but in reality attempts to dissuade people from getting abortion treatment, up to and including delays by rebooking unnecessary scans to ensure women are over the 10 week EMA clinic limit. According to Campbell, Connor, Heaney, and Bloomer (2021), the number of people still needing to access pills from online providers such as Women on Web (Aiken, Digol, Trussell, & Gomperts, 2017) and Women Help Women (Jelinska & Yanow, 2018) has not decreased; rather, there are more people calling AfC's helpline, due to a new lack of fear of criminalisation and an expectation that all services are now up and running.

As the demand for Alliance for Choice's, now legal, support services increased, provision needed development beyond current resources. With advice from Mara Clarke (Abortion Support Network) and Siobhan Clancy (founding member of Abortion Rights Campaign) the 'Lucht Cabhrach: Abortion Doula' programme was designed (translated from the Irish as 'helpers'). The content was informed by the World Health Organization and International Planned Parenthood Federation resources, as well as activists' experiences (Campbell et al., 2021). The majority of callers to the AfC helpline from 2021 are easily directed to legal statutory services at local health Trusts via the British Pregnancy Advisory Service (BPAS) call centre. Yet, a growing section of the callers have been women who are without settled status and without a knowledge of how the health system or reproductive healthcare services work. Often these are circumstances where activists must step in to ensure the abortion seeker gets the care they are legally obliged to.

One of the women AfC helped recently was a refugee who had endured female genital cutting, rape, and trafficking. She spoke little English, was diabetic, and was afraid to talk to her doctor. When AfC helped her access a clinic, a translator refused to participate after learning the woman needed abortion care. Clinicians determined she was over 10 weeks pregnant, which meant she would have to travel to England. The support worker was furious, explaining that: 'This woman had encountered all that, she got to a place of safety here in Northern Ireland. And we were going to tell her she had to travel?' (Chick, 2022).

Helpfully, the formulation of the complete removal of criminal sanctions for anyone who accesses an abortion has been able to relieve some of the pressure of abortion seekers who cannot travel to England. In their findings in the 2018 report on the inquiry into abortion in Northern Ireland, CEDAW described how poverty was a significant factor in both lack of access to abortion and was exacerbated by continuing with an unsupportable pregnancy. It particularly noted that: compared with the rest of the United Kingdom, Northern Ireland has: (a) the highest fertility rate; (b) the highest and most persistent levels of child poverty; (c) a higher proportion of single-earner households; (d) lower



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wage rates; (e) the lowest living standards; (f) the highest childcare costs outside London; and (g) a higher prevalence of poor mental health. (CEDAW, 2018, p. 9/23 B.1)

Those from migrant, asylum seeking, and refugee populations will more readily find themselves in one or more of these categories and often additionally without access to translators and living in a heavily guarded contingency accommodation. The removal of criminal sanctions is arguably of the greatest benefit to these communities as criminal records will jeopardise their asylum applications and right to remain. Abortion activists are dedicated, but they are also limited in their powers to negotiate state borders on behalf of people without travel documents. Furthermore, there is some evidence to suggest that refugee and asylum-seeking women are at greater risk of sexual violence resulting in pregnancy and therefore present higher percentages of voluntary abortion requests when they arrive in a host country (Fontanelli Sulekova et al., 2020). These intersections of vulnerability engage a spectrum of reproductive justice needs, which can be more difficult to support when filtered through the high security of contingency accommodation.

Conclusion

AfC exists in a unique context socially, moulding a reproductive justice-influenced framework within Northern Irish post-conflict political norms. Northern Ireland is a small, peculiar, and difficult region to conceptualise in isolation, therefore an understanding of its geopolitical relationships with both of its closest neighbours, Ireland and Great Britain, is essential to truly grasp the cultural politics of this post-conflict state. With similar levels of religiosity and social mores as the Republic of Ireland, the North was greatly influenced by, and developed in tandem with, the social justice of the Equal Marriage and Abortion Rights campaigns. However, the Republic of Ireland has little to no current legislative power over the North—unlike Britain, which still wields significant power and control. Northern Ireland had languished under sections 57 and 58 of the 1861 Offences Against the Persons Act when it came to abortion for well over 150 years. The tragedy and suffering the 1861 Act caused were far reaching: CEDAW concluded



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that the human rights breaches were both grave and systemic (CEDAW, 2018) and that travel to England for abortion was an untenable solution. There is no other country in the world where we have seen the recommendations of the United Nations CEDAW written verbatim into primary legislation in order to ensure full and wide access to human rights compliant abortion services. This seismic paradigm shift was only made possible by a range of actors, including the activist group, Alliance for Choice, ensuring that the voices of abortion seekers were heard by all levels of national and international legislative mechanisms, alongside their campaigning work within the public discourse (Bloomer and Pierson, 2020).

The ground-breaking work of the Combahee River Collective and Sister Song, who formulated the framework of reproductive justice in a North American context, gave those of us in various parts of the global north, fumbling with the failings of rights-only-based models (McNeilly, 2013), the framework within which the work we were doing was more accurately reflected. Social justice has always been threaded through the work of Alliance for Choice; however, the key reproductive justice lens of race has largely been missing (Olufemi, 2020). Reproductive Justice allows us to consider how the work must vary for different populations and account and repair, where possible, harms of state violence enacted through poor reproductive healthcare access (Nyberg, 2020).

The needs of the most marginalised were often most easily served by activists with recourse to early medical abortion pills, mifepristone and misoprostol. The abortion pills enabled safe abortions in contexts like Northern Ireland, where abortion was all but banned. The willingness of activists to take on the mantle of community abortion provider and the collaboration with groups in other countries such as Abortion Support Network, Women Help Women and Women on Web, ensured that there was money for travel, where it was possible, or access to the correct information to acquire safe pills online. The growth in the public awareness of the pills, their use and even the subsequent arrests of activists and pill users, galvanised public opinion beyond only tragic circumstances in abortion and moved them towards supporting decriminalisation as a genuine possibility.



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The political turmoil of 2016–2019 ironically aided the progress of both the Equal Marriage and the Abortion Rights campaign in the North, as it was easier to argue that the breach of rights was a Westminster responsibility with no functioning devolved Assembly in Northern Ireland. The audacity of activists and the tenacity of our political collaborators in both Westminster and in Northern Ireland ensured that the conversation about abortion services was never far from the news, and Parliamentary debates. Embracing the rare opportunities that moments such as the 2017 General Election offered and in tandem with the multiple court cases and inquiries, abortion in Northern Ireland suddenly became a question of when and not why.

The decriminalisation of abortion on 21 October 2019 was a day of relief for some, although a most-criticised celebration for conservative political parties like the Democratic Unionist Party and their supporters. Finally, it felt as if bodily autonomy was becoming reality, there was hope in the air. The reality bore out a less simple story of success. Northern Ireland is still not fully offering abortion services according to the letter of the expansive law, which is why the model of decriminalisation was so important. Doctors and other dedicated medical staff were initially blocked from offering the legal services by the briefly returned Northern Ireland Executive office, and to date we still have no services beyond 20 weeks, sparse public information on access and no improvement on legally mandated relationship and sex education in schools.

COVID-19 saw the whole NHS struggle to offer anything beyond pandemic services, whilst air and sea travel were all grounded. Luckily, the activists who already enabled abortions with pills under illegal circumstances, were now free from the threat of prosecution. When Covid-19 caused a halt to travel—locally, regionally, nationally, and internationally—this was the busiest time in the history of AfC. The decriminalisation of abortion and the moratorium on arrests for abortion seekers suddenly became even more vital. Without it every single person who could not travel was going to be put in horrific circumstances or seek out alternatives that could land them with a custodial sentence, as



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we are seeing currently in England and Wales under the GB 1967 Abortion Act framework (Pierson, 2023).

Activists knew that the law alone would never be enough, and that abortion mutual aid would, in effect, become the starting point for care until the statutory services are fully up and running. Adopting a reproductive justice lens, one that incorporates race, complex intersectional marginalisation, and gives a framework for adapting methods of support from the least well served up to the most privileged, can result in a better overall experience for everyone who will need abortion care.

It was necessary for activists, in particular AfC activists, to focus on decriminalisation. This was inspired by the work of the black-led Reproductive Justice movement in the United States and other groundbreaking work by global activists. This international benchmarking resulted in AfC centring the needs of the most marginalised by recognising the limitations of abortion travel and the fundamental requirement of decriminalisation for true autonomy and access to abortion. AfC is led by people directly affected by state abandonment, who generate their own understanding of harmful systems and their own ways of refusing those harms. Yet a legislative change—even a dramatic one—is not the end but merely the beginning of the struggle for social justice led abortion access (Pierson et al., 2022). Ultimately, embracing International Human Rights standards and mechanisms, alongside traditional political lobbying, provocative and radical grassroots organising, was the way decriminalisation was won in Northern Ireland. It continues to be the only way to keep pushing for full legal access.



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