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PRIVATE CHOICES, PUBLIC SPACES

by Lori Brown

Field notes from Mississippi's last remaining abortion clinic.

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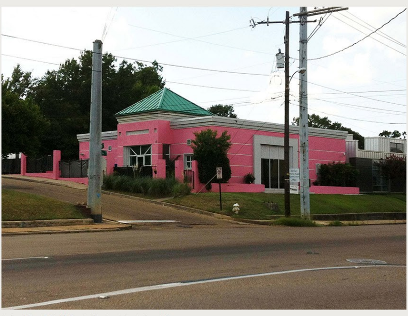


Jackson Women's Health Organization street view, Jackson, MS.
Image courtesy of Lori Brown.

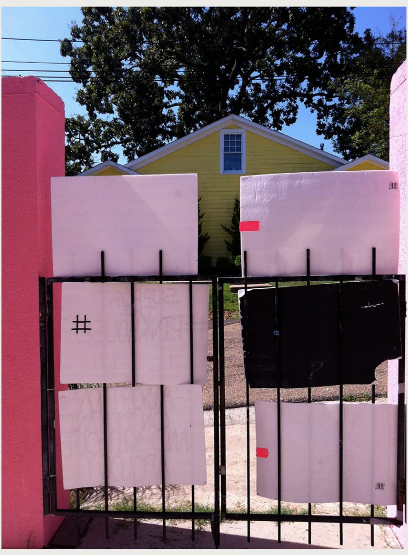
As inherently politicized spaces in North America and beyond, abortion clinics raise complex questions about the fluid and ever-shifting terrain of reproductive healthcare access. Here, varying degrees of federal and state control unfold—most recently evident with the alteration of building codes for ideological gain and the reduction of abortion clinics. Reproductive healthcare spaces are medical spaces, not unlike dermatology or dentist offices. However, under the ambulatory surgical center requirements now being enforced in various states across the country, clinics are mandated to become hospital-like spaces—all for a procedure that does not necessitate such a highly regulated environment.

When I decided to examine spaces of abortion, it was necessary to consider where spatial agency for architects can be located, and how architectural thinking can bring forward new insights into the built environment of everyday space. These clinics provide architects with a research opportunity to make explicit the political, cultural and social influences behind healthcare.

As a part of a larger body of research for my book, *Contested Spaces: Abortion Clinics, Women's Shelters and Hospitals*, I conducted interviews with providers across the country, in both highly restrictive states and states where abortion was not as restricted legislatively. When visiting and interviewing the owner of the Jackson Women's Health Organization (JWHO) in Jackson, Mississippi—the sole remaining abortion clinic in the state—it became clear that a direct design intervention at JWHO could respond to the complex spatial dynamics revealed through my research. I immediately saw the possibility of a public installation within the facility's existing wrought iron fence.

Jackson Women's Health Organization parking entrance view.
Image courtesy of Lori Brown.

JWHO walkway beside clinic fence.
Image courtesy of Lori Brown.

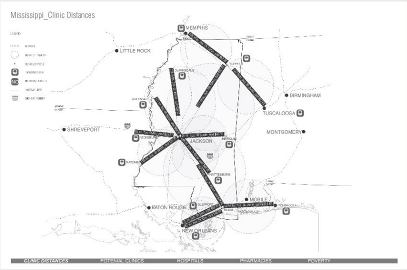


JWHO clinic fence gate looking toward sidewalk.
Image courtesy of Lori Brown.

Geography affects access. To better understand the landscape of women's access to care in Mississippi, it was critical to investigate how a woman can—or cannot—physically approach and enter the front door of the clinic. How far must a woman travel, how much time does it take, and how much money does it cost to reach the clinic, either by driving or taking public transit? For example, from Hattiesburg to Jackson—which is an eighty-eight mile, or one hour and forty minute bus ride away—a round trip ticket costs approximately forty dollars. However, due to infrequency of buses, one may need to spend the night and be unable to complete a round trip on the same day. Combine the infrequency of transportation with the doctor's schedule and availability, patient travel is often expensive and time-consuming.

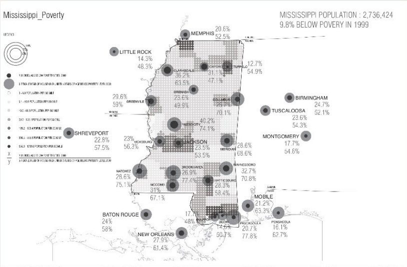
I studied poverty rates for Mississippi, comparing individual rates of the general population with those of female head of households with children under five (i.e. FhdH5)—a demographic that statistically accesses abortion in greater numbers. For example, in Jackson where 23.5 percent of the population live below poverty, 53.5 percent of FhdH5 live below poverty; in Hattiesburg 28.3 percent of people live below poverty and 58.4 percent of FhdH5 live below poverty; and in Natchez 28.6 percent of people live below poverty and 75.1 percent of FhdH5 live below poverty. My research also examined alternative services that could broaden access to female healthcare; for example, if hospitals were required to provide the procedure, statewide access would dramatically be altered.

Unlike in some states, where public space around bodies and buildings have been legislatively defined—see Supreme Court decisions Madsen v. Women's Health Center, Inc. (1994), Hill v. Colorado (2000) and the recent overturn of Massachusetts's 35 foot buffer zone in front of clinic entrances in McCullen v. Coakley (2014)—Mississippi does not have such protections. A person can stand directly next to the fence, on the sidewalk, creating an oftentimes difficult and harassing experience for anyone approaching and entering the clinic.



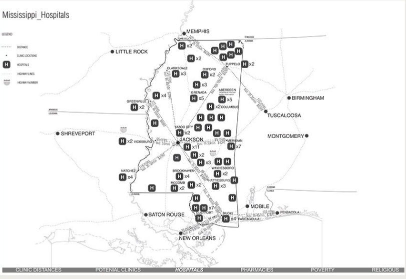
Mississippi_Clinic Distances
LEGEND
MEMPHIS
LITTLE ROCK
CLARKSDALE
TUPPELO
GREENVILLE
BIRMINGHAM
TUSCALOOSA
SHREVEPORT
VICKSBURG
JACKSON
MERIDIAN
MONTGOMERY
NATCHEZ
HATTIESBURG
MOBILE
BATON ROUGE
GULFPORT
BILOXI
PASCAGOULA
PENSACOLA
NEW ORLEANS
CLINIC DISTANCES
POTENIAL CLINICS
HOSPITALS
PHARMACIES
POVERTY

MS Clinic location.
Image courtesy of Lori Brown.



Mississippi_Poverty
MISSISSIPPI POPULATION : 2,736,424
9.8% BELOW POVERY IN 1999
LEGEND
MEMPHIS 20.6% 52.5%
LITTLE ROCK 14.3% 48.3%
CLARKSDALE 36.2% 63.5%
OXFORD 31.1% 47.1%
TUPPELO 12.7% 54.9%
GRENADA 23.6% 49.9%
GREENVILLE 29.6% 59%
COLUMBUS 26.7% 70.1%
BIRMINGHAM 24.7% 52.1%
TUSCALOOSA 23.6% 54.3%
YAZOO CITY 40.2% 74.1%
SHREVEPORT 22.8% 57.5%
VICKSBURG 23% 56.3%
JACKSON 23.5% 53.5%
MERIDIAN 28.6% 68.6%
MONTGOMERY 17.7% 54.6%
NATCHEZ 28.6% 75.1%
BROOKHAVEN 26.9% 77.4%
WAYNESBORO 32.7% 70.8%
MCCOMB 31% 67.1%
HATTIESBURG 28.3% 58.4%
MOBILE 21.2% 63.3%
BATON ROUGE 24% 58%
GULFPORT 17.7% 48%
BILOXI 14.6% 50.7%
PASCAGOULA 20.7% 77.8%
PENSACOLA 16.1% 62.7%
NEW ORLEANS 27.9% 61.4%
CLINIC DISTANCES
POTENIAL CLINICS
HOSPITALS
PHARMACIES
POVERTY
RELIGIOUS

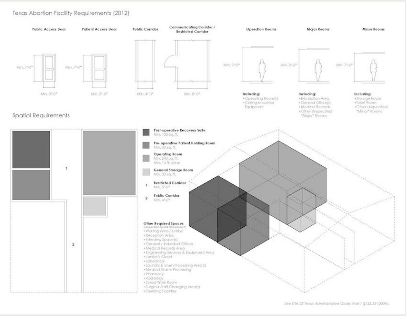
MS Poverty rates.
Image courtesy of Lori Brown.



Mississippi_Hospitals
LEGEND
DISTANCE
CLINIC LOCATIONS
HOSPITALS
HIGHWAY LINES
HIGHWAY NUMBER
MEMPHIS
LITTLE ROCK
CLARKSDALE
OXFORD
TUPPELO
GRENADA
ABERDEEN
GREENVILLE
COLUMBUS
BIRMINGHAM
TUSCALOOSA
SHREVEPORT
YAZOO CITY
VICKSBURG
JACKSON
MERIDIAN
MONTGOMERY
NATCHEZ
BROOKHAVEN
WAYNESBORO
MCCOMB
HATTIESBURG
MOBILE
BATON ROUGE
GULFPORT
BILOXI
PASCAGOULA
PENSACOLA
NEW ORLEANS
CLINIC DISTANCES
POTENIAL CLINICS
HOSPITALS
PHARMACIES
POVERTY
RELIGIOUS

MS Hospital locations.
Image courtesy of Lori Brown.

Over the past several years another mechanism has emerged to close clinics through the rewriting of building codes related to these facilities. This tactic has changed the building codes that govern clinics in many states from the status of a medical facility to that of an ambulatory surgical center. Twenty-two states now require clinics to meet these hospital-like codes. Just this past March, Whole Woman's Health v. Hellerstedt was argued before the Supreme Court, and brought forward concerns that undue burdens have been placed on abortion access, in part by the creation of ambulatory code requirements, which have had devastating affects on abortion access in Texas over the past several years. The designation of abortion spaces as ambulatory surgical centers requires that clinics undergo oftentimes major building alterations to meet the standards similar to hospitals under the rhetoric of improving access to women's health. However, these changes do not improve the life and safety of the clinics, as building codes are intended to do. These code "rewrites"—though they appear on paper as minor modifications to door and corridor widths, ceiling heights and wash station frequencies, and could include even more significant upgrades or installations of sprinkler and sophisticated HVAC systems—are shuttering clinics across the country. These so-called minor changes are expensive and unnecessary, and have become a political mechanism for reducing the access to abortion.

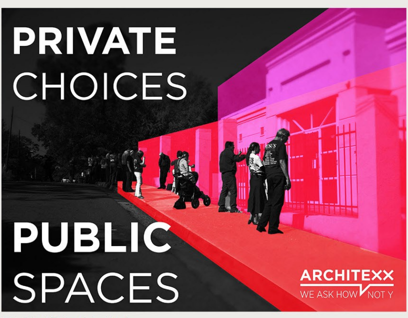

Texas Abortion Facility Requirements (2012)
Public Access Door
Patient Access Door
Public Corridor
Communicating Corridor / Restricted Corridor
Operation Rooms
Major Rooms
Minor Rooms
Min. 7'-0"
Min. 7'-0"
Min. 3'-0"
Min. 3'-6"
Min. 4'-0"
Min. 8'-0"
Min. 9'-0"
Min. 8'-6"
Min. 7'-6"
Including:
+Operating Room(s)
+Ceiling-mounted Equipment
Including:
+Reception Area
+General Office(s)
+Medical Records
+Other Unspecified "Major" Rooms
Including:
+Storage Room
+Toilet Room
+Other unspecified "Minor" Rooms
Spatial Requirements
Post-operative Recovery Suite
Min. 100 sq. ft.
Pre-operative Patient Holding Room
Min. 80 sq. ft.
Operating Room
Min. 240 sq. ft.
Min. 14 ft. clear
General Storage Room
Min. 30 sq. ft.
1 Restricted Corridor
Min. 8'-0"
2 Public Corridor
Min. 4'-0"
Other Required Spaces
(Unspecified Spatial Requirement)
+Waiting Area / Lobby
+Reception Area
+Interview Space(s)
+General / Individual Offices
+Medical Records Area
+Engineering Services & Equipment Area
+Janitor's Closet
+Laboratory
+Laundry & Linen Processing Area(s)
+Medical Waste Processing
+Pharmacy
+Radiology
+Soiled Work Room
+Surgical Staff Changing Area(s)
+Sterilizing Facilities
See Title 25 Texas Administrative Code, Part 1 §135.52 (2009).

TX Building code diagram.
Image courtesy of Lori Brown.

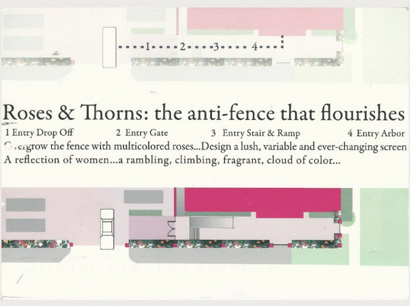
The eventual installation at JWHO will be realized with collaborators at ArchiteXX, a non-profit organization for women in architecture that I co-founded in 2012. The initial idea was to engage the fence as a site for action. We organized Private Choices Public Spaces (PCPS), a call for design ideas through public participation. PCPS was conceived to wield influence through physical engagement within the built environment, and as a way to directly engage the broader public. We were not interested in the format of a traditional design competition or the idea of selecting a single winner, but in the call for ideas as a platform to raise awareness about the role design could contribute to public space—especially in such an underexamined and contested space. We saw an opportunity not only for abortion clinics, but also for a wide array of other spaces often overlooked within architectural practice. These efforts create opportunities for the discipline to more explicitly respond to broader socio-political contexts.

The call asked, how can designers create safety within zones of protest? How can personal experience inform design in ideologically charged spaces? How much space is needed to provide secure zones of access to reproductive care? How should the separation of public and private areas in an abortion clinic be physically defined?

We encouraged designers and other interested citizens to consider the public and private threshold of the clinic, and the ways that the space mediates quite charged and complex politics. We received a range of responses, from the more modest—growing rose bushes within and throughout the fence—to the more radical—the installation of fountains around the public sidewalk or the installation of a responsive system adapting to levels of protestor noise.

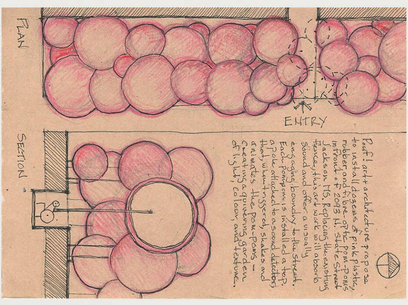

PRIVATE
CHOICES
PUBLIC
SPACES
ARCHITEXX
WE ASK HOW NOT Y

Private Choices Public Spaces design action call.
Image courtesy of ArchiteXX.


1
2
3
4
Roses & Thorns: the anti-fence that flourishes
1 Entry Drop Off
2 Entry Gate
3 Entry Stair & Ramp
4 Entry Arbor
Overgrow the fence with multicolored roses...Design a lush, variable and ever-changing screen
A reflection of women...a rambling, climbing, fragrant, cloud of color...

Private Choices Public Spaces design idea.
Image courtesy of Meta Brunzema.

Private Choices Public Spaces design idea.
Image courtesy of Shea Gilligan.

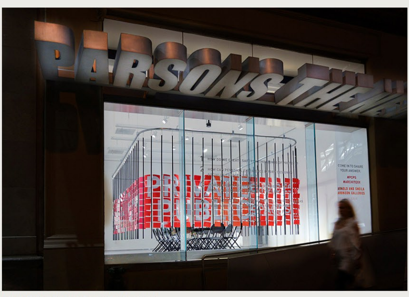

PLAN
ENTRY
SECTION
Poof! art + architecture propose to install dozens of pink plastic, rubber and fibre-optic pom-poms infront of 2093 N. State Street Jackson MS. Replacing the existing fence, this art work will absorb sound and offer a visually engaging boundry to the street. Each pompom is installed a top a pole attached to a sound detector, that, when triggered, shakes and animates the pom-poms – creating a quivering garden of light, colour, and texture.

Private Choices Public Spaces design idea.
Image courtesy of poof! art + architecture.

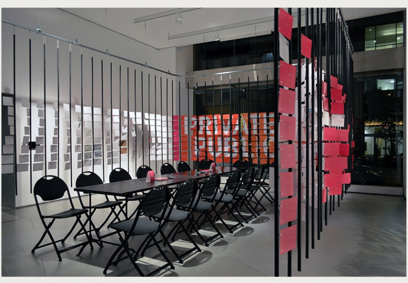
ArchiteXX conceives of design actions as educational and outreach opportunities that in turn serve as direct forms of engagement. After we received submissions to this call, we designed an installation for The Arnold and Sheila Aronson Galleries at Parson's The New School for Design that exhibited postcards submitted by PCPS contributors, alongside space for gallery visitors to add new postcards.

The project's spirit was manifest throughout the gallery exhibition in the way it created space for programming and provided a mechanism for public discussion and engagement. Events included an interdisciplinary panel, a design charette and a film screening of Maisie Crow's documentary "The Last Clinic," which included the clinic owner, director, filmmaker and legal counsel.

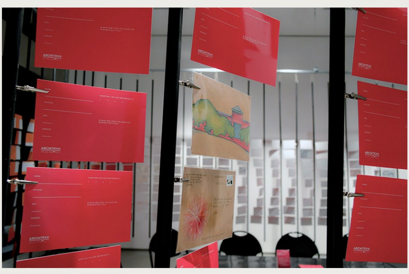
Within this framework, PCPS created multiple sites for design to engage the space of politics, social relations, legal boundaries and public space.


PARSONS THE
COME IN TO SHARE YOUR ANSWER.
#PCPS
#ARCHITEXX
ARNOLD AND SHEILA ARONSON GALLERIES

Private Choices Public Spaces installation from 5th Avenue.
Image courtesy of Ashley Simone.



Private Choices Public Spaces installation interior.
Image courtesy of Ashley Simone.



Private Choices Public Spaces interior detail.
Image courtesy of Ashley Simone.

Lori Brown's creative practice examines the relationships between architecture and social justice. She is the author of Contested Spaces: Abortion Clinics, Women's Shelters and Hospitals and the editor of Feminist Practices: Interdisciplinary Approaches to Women in Architecture. She is the co-founder and leader of ArchiteXX, a women and architecture group working to bridge the academy and practice in New York City. www.architexx.org, www.labpractices.net

Private Choices Public Spaces collaborators include co-curators Lori Brown and Kimberly Tate; installation design team Michele Gorman, Ashley Simone and Irina Schneid; editorial team Shea Gilligan, Sarah Rafson and Ashley Simone; fabrication team Chrissie Robillard, Vinh Vo, Tyler Holdren, Dabota Wilcox, Alison Dobbertin, Cesi Kohen, Fanyi Pan, Cat Fan, Maggie Huang, John Bryant; installation team Ashley Simone (manager), Michele Gorman, Irina Schneid, Dana Koenitzer, Anne Englot, Meta Brunzema, João Carneiro, Nina Freedman, Aline Hoffman, Winnie Tu, Mariana Hinojosa, Emily Rebecca Scott, Andrea Merrett, Alejandra Chinea, Josefina Rosario, Karen Kubey, Rene Fan, Katya Zavyalova, Rebekah Dempsey, June Williamson, Lily Wong, Cansu Yanik; research assistants Lindsey MacDonald, Laura Swarz, Vera Tong, Daina Swagerty, Sara Greenwood, Chris Paulsen, Janet Lee, and Chris Netski.

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