

Travel for Abortion as a Form of Migration¹

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Abstract: In this essay I explore how travel and border-crossing for abortion care constitutes a challenge to methodological nationalism, which serves to obscure such experiences from view. Drawing up field research conducted at two abortion clinics in Albuquerque, New Mexico, I also explore some implications of regarding pregnant people who travel for abortion care as a type of migrant, even (but not necessarily) if they are U.S. citizens and legal residents. Finally, I assess how this discursive shift can make important contributions to pandemic and migration ethics.

Introduction

I spent the summer of 2017 conducting ethnographic research at two abortion clinics in Albuquerque, New Mexico: Southwestern Women's Options, and the New Mexico Center for Reproductive Health. My goal was to enrich understanding of how crossing various borders and traveling long distances for abortion care may impact pregnant people's experiences of both abortion and borders themselves. Albuquerque was, and is, an ideal research site for this purpose, given that two of the only four physicians in the United States who regularly practice third trimester abortions are based in that city. This is somewhat unsurprising given that the state of New Mexico, with its coexisting political traditions of progressivism and libertarianism, feature some of the most liberal abortion laws in the world. Thus, when pregnant people within and outside of the United States find that they need abortions, particularly later in pregnancy, due to challenges like very serious fetal anomalies, a continued pregnancy threatening their lives or health, and/or difficult personal and socioeconomic circumstances, they may journey to Albuquerque because they cannot get the healthcare they need closer to home.

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Throughout that summer I shadowed physicians, nurses, and medical assistants as they provided abortion care to people at all stages of pregnancy. I encountered pregnant people who had traveled to Albuquerque from as far away as New Zealand, Western Europe, and Canada for their abortions. I also met many people who had crossed state borders, such as the Texas-New Mexico border—confronting immigration checkpoints and enduring significant personal hardships along the way—in their efforts to access safe and legal abortion care. As part of my research, I conducted semi-structured interviews with ten women who had crossed state and/or national borders, and/or traveled long distances to terminate their pregnancies in Albuquerque, as well as some of the medical practitioners who cared for them.

Some women I spoke to had used their rent moneys to pay to terminate pregnancies that, in their view, would have ruined their lives if permitted to progress. I witnessed physicians trying to counsel pregnant people, both in person and over the phone, who feared encountering police officers and U. S. immigration enforcement officials while crossing national borders or simply driving across the country for an abortion later in pregnancy. I also connected with volunteers who invite pregnant people traveling from out of town for abortions to sleep in their homes, as many in such situations cannot not afford to stay in a hotel for a week in the case of a third trimester termination, which involves going into induced labor and then delivering a deceased fetus. All the while, I was reminded of the fact that the people who made it to Albuquerque for abortion care were the “lucky ones” who could scrape together the money and means to do so.

Even as I came to see how challenging things were for the world’s women/pregnant people seeking abortion care, it was always clear that things could rapidly become worse. Providers of abortion care are in a state of constant vigilance, as the status of *Roe v. Wade* remains precarious and TRAP (Targeted Regulation of Abortion Providers) laws abound. Still, I doubt anyone anticipated that things would get worse in the *particular way* in which they recently worsened: through a spate of “COVID-19 abortion bans” and their aftermath during a global pandemic. In the month of March, the states of Texas, Ohio, and Alabama banned the provision of abortion care on the grounds that abortion is a “non-essential” health care service, the provision of which would deviate essential medical supplies from hospitals treating patients with COVID-19. Tennessee issued its own abortion ban in April, followed by Arkansas. As of May, all of the bans were successfully challenged in court. Still, denying abortion care to people who wanted and needed them at earlier stages of the pandemic led to a surge in need for abortion at already-overrun clinics, resulting in an increased number of requests for abortions later in pregnancy (which are more onerous and expensive than first trimester abortions). Furthermore, reproductive rights activists remain wary of how anti-choice politicians are continuing to exploit the pandemic for their own political purposes.²

To learn more about how the abortion bans have impacted pregnant

people's experiences of abortion care, I also conducted, in May 2020, three follow-up interviews over the phone with several physicians I had shadowed during my 2017 ethnographic research. I learned of the frustration expressed by many Texans who, in their first trimesters of pregnancy, had to drive 16 hours to Albuquerque (while being told that they must stay at home) to swallow an abortion pill, turn around, and drive 16 hours to get home. Another physician explained that the COVID-19 abortion bans had simply exacerbated previous burdens experienced by abortion seekers who must travel for abortion. Things aren't entirely different, she said—it's just that now, one finds more pregnant people sleeping in their cars as they wait for their abortions. More pregnant people needed food donations from their abortion care providers, more people delayed their abortion care until advanced gestational ages due to fears about traveling during the pandemic, and more people expressed fear of the unmasked protesters who still picket abortion clinics despite shelter-in-place orders.

The task of unpacking all the structural injustice in these stories is immense, particularly given that the relevant issues remain underexplored in both normative and empirical migration scholarship. A thorough philosophical analysis would have to address, at least as a start, questions like the following. First, if we think that abortion is a right, then why is often only accessible to those who can travel great distances, often at inordinate personal cost? Second, what mobility barriers are specifically targeting *women's bodies*, particularly the bodies of BIPOC and undocumented women/pregnant people? Third, how are some people who migrate for abortion care more vulnerable than others, and how is this vulnerability also multidimensional?

It is, of course, beyond the scope of this essay to provide satisfactory answers to all of these challenges. My objective here is to provide some conceptual resources that will enable us to begin to address them. First, I will explore how focusing on travel and border-crossing for abortion care constitutes a challenge to *methodological nationalism* (a term that I define below), which serves to obscure such experiences from view. Second, and relatedly, I shall explore some implications of regarding pregnant people who travel for abortion care as a type of *migrant*, even (but not necessarily) if they are U. S. citizens and legal residents. Third, I assess how this discursive shift opens the door to a more robust normative exploration of some of the themes identified above, and also make important contributions to pandemic and migration ethics.

I begin, then, by exploring methodological nationalism—a scholarly tendency that, I argue, serves to obscure the experiences of people who migrate for abortion care.

Traveling for Abortion as a Challenge to Methodological Nationalism

Let me first define *methodological nationalism*. In the social sciences, methodological nationalism is “the assumption that the nation/state/society is

the natural social and political form of the modern world.”³ As Saskia Sassen explains, within a methodological nationalist paradigm “the centralized nation state acts as an interface between national and supranational forces, and acts as a ‘container’ for the former.”⁴ Furthermore, methodological nationalism, *qua* paradigm used by researchers, has tended to obscure socio-politically-relevant phenomena that sidestep or transcend national borders, such as globalization, transnationalism, and internal migration, treating them as anomalies. Alex Sager has argued that in the realm of political philosophy, methodological nationalism has led theorists to focus disproportionately on questions of immigrant admissions—that is, the questions about which (if any) prospective immigrants ought to be granted admission to a state, and under what conditions—in their writings about immigration justice.⁵ He further explains that

The insistence on using the nation-state as the unit of analysis . . . obscures how mobility restrictions limit access to opportunities within nation states . . . One upshot of recognizing how methodological nationalism has distorted thinking on the ethics of migration and endorsing critical cosmopolitanism is that this illuminates how borders enacting class-stratification, racialization, and sexism affect mobility and access to opportunities within territories . . . for both migrants and citizens.

Sager argues that we should embrace a “critical cosmopolitanism” that “treats barriers to mobility between and within societies based on categories such as race, ethnicity, gender and disability as fundamental to moral analysis.”⁶ This involves a considerably more expansive understanding of mobility and mobility restrictions than we find under a methodological nationalist paradigm. In sum, Sager and other critics of methodological nationalism maintain that we need to confront our biases toward “nation-state thinking” in order to consider various types of movement, and barriers to mobility, that are relevant from the perspective of social justice.

With this in mind I now argue that there are a number of ways in the which the global phenomenon of traveling for abortion care to, and within, the United States constitutes a further challenge to methodological nationalism. *First*, it shows that internal barriers on mobility, such as state borders, state policies of pandemic mitigation, and immigration checkpoints and other “bordering practices”⁷ in the U. S. interior, can be extremely coercive. For instance: an undocumented migrant who must drive across the United States to seek abortion care in Albuquerque may reasonably fear deportation and imprisonment as she drives through anti-immigrant terrain and approaches immigration checkpoints, even if she does not cross a single national border along the way.

Second, it shows how “local” concerns like state-level decisions about pandemic planning impact the health care of people across the globe seeking abortion care later in pregnancy. If Albuquerque abortion clinics are overrun due to abortion bans, as we saw during the early days of COVID-19, it may

become more difficult and costly for abortion-seekers from places as far away as New Zealand to access the health care to which they have a right. Saskia Sassen argues in “The Global City: Introducing a Concept,” in particular reference to the “advanced corporate economy,” that “. . . many of the resources necessary for global economic activities are not hypermobile and are, indeed, deeply imbedded in place, notably places such as global cities, global-city regions, and export processing zones.”⁸ While Sassen is obviously not discussing travel for abortion here, her core insight can be applied to the case at hand: global activities—like seeking an abortion, particularly later in pregnancy—are *deeply imbedded* in places like Albuquerque, New Mexico.

Third, the phenomenon of traveling for abortion care illustrates Alex Sager’s claim that we need to understand “barriers to mobility from and within societies” through an identity-based lens, in part through focusing on how racism, sexism, classism, ableism, and other forms of identity-based oppression often constitute mobility-barriers. It is clear that sexism, classism, and racism can constrain one’s mobility when one is attempting to seek abortion care. For instance, pregnant women/people are those who seek, and need, abortions, and widespread abortion bans may force them to undertake onerous travel while other social groups are spared this burden. People of color seeking abortions may have to drive through places where they will be targeted by police and immigration enforcement en route to their abortion care. In addition, poor and working-class abortion-seekers may lack the funds to pay for them, particularly when they are forced to undertake significant domestic and/or international travel. These barriers are certainly not national borders, but they constrain mobility in ways that are relevant at the bar of justice.

In sum, I have argued thus far that the phenomenon of traveling and border-crossing for abortion care to and within the U. S. disrupts the methodological nationalist paradigm, which takes states to be fundamental units of social and political analysis in ways that obscure a wide range of morally-relevant movements, mobilities, and global interconnections. It shows that internal barriers to movement and migrant coerce both citizens and non-citizens seeking abortion care in the U. S. It reveals that local (i.e., state and even city-level) abortion laws, including the abortion bans that emerged toward the beginning of the COVID-19 pandemic, are, in fact, global in their scope and coercive power. Finally, it highlights the need to focus on how alternative barriers, such as those connected to race, gender, and class-based oppressions, also coerce movement.

“Migrating” for Abortion Care

Getting clear on how abortion travel challenges methodological nationalism generates analytical space for considering the normative significance of traveling for abortion care. More specifically, I argue it creates space for understanding abortion-travelers as a certain kind of *migrant*. To begin with, note that movement away from methodological nationalism in the social sciences has served to

expand our understanding of what it means to “migrate” (and simultaneously helped to destigmatize migration by emphasizing that so many of us are, in fact, highly mobile). This is evinced, for example, in the transnationalism literature, which explores the experiences of “transmigrants” who may cross and re-cross national borders multiple times over the course of their lives as they move throughout their transnational communities.⁹ An expanded notion of “migrant” can also be found in more recent literature on *internal migrants*, who may never leave their nation-states of origin but nevertheless build lives in new locales.¹⁰ Such a broadened and increasingly nuanced understanding of what it means to be a “migrant” is a direct consequence of questioning our disproportionate moral and political focus on nation-states and their borders.

Such scholarship sets a precedent for conceiving of “people migrating for abortion”—a discursive shift that I shall now defend. I begin by providing positive reasons for conceiving of those who travel for abortion care as a type of migrant. As I am proposing an unconventional use of the term “migrant,” I shall also spend time defending my view arguments against possible objections.

First, calling those who must travel for abortion care a type of “migrant” helps call attention to the travel and border-crossing-related vulnerabilities that abortion seekers systematically face under current restrictions. The global phenomenon of travel for abortion care is widespread, morally problematic, but vastly under-explored, and this fact, in and of itself, suggests that we need new terminology. Indeed, there is political value in broadening our understanding in this way. In calling someone a “migrant” as opposed to “commuter” or a “traveler,” we put a normative focus on the various borders and bordering practices that they encounter along the way.¹¹ This is key for understanding the experiences of many of those who travel for abortion care, who may be interrogated at state and national borders, pursued by police officers working on behalf of immigration enforcement, confronted with immigration checkpoints in the U. S. interior, undermined by the kinds of stereotypes associated with migrants, and afflicted with the internalized anxieties with which many migrants must contend.

Allow me to illustrate this point further with reference to the COVID-19 pandemic. There are at least two ways in which considering people who travel for abortions to be “migrants” challenges our assumptions about borders, border controls, and COVID-19. Specifically, under this reconceptualization we come to see that: (1) the COVID-19 abortion bans were internal border controls; and (2) the COVID-19 pandemic is a bigger migration/immigration crisis than we think.

First, the COVID-19 bans were internal border controls. Border controls have generally been understood to consist of the enforcement mechanisms operative at national borders. The goal of such mechanisms is to control both who, and what, is allowed to enter and exit the national territory. Illustrating this, the U. S. Department of Homeland Security, in its “Border Security Overview,” stipulates that “[p]rotecting our borders everywhere from the illegal movement of weapons, drugs, contraband, and people, while promoting lawful entry

and exit, is essential to homeland security, economic prosperity, and national sovereignty.”¹²

However, empirical and normative immigration scholars have questioned such an overt, and almost exclusive, emphasis on border controls at national borders.¹³ They argue that we also need to attend to border controls in the U. S. interior. *Internal* strategies of enforcement and expulsion include a wide variety of things, like immigration checkpoints in the U. S. interior, the presence of ICE and police officers working for ICE in perceived immigrant communities, E-Verify systems through which employers check to see if their employees have legal authorization to work in the United States, the systematic denial of driver’s licenses to undocumented migrants, and more. Responding to this, Leerkes *et al* define “internal border controls” as “all legally mandated practices that national, state, or local governments engage in or promote in their jurisdictions, but not at country borders, to exclude, either directly or through third parties, certain categories of non-citizens through their territories.”¹⁴

With all this in mind, it becomes clear that abortion restrictions can serve as internal border controls controlling the movement of abortion-seekers, and that COVID-19 abortion bans were particularly restrictive. There are at least four ways in which abortion restrictions (including but not limited to the COVID-19 abortion bans) serve as internal border controls. *First*, pregnant people in need of abortion care are often compelled by state-level abortion restrictions to seek health care out of state, with all of the associated burdens. *Second*, pregnant people seeking abortion care are denied opportunities to enter particular states for the health care that they would otherwise seek there. *Third*, pregnant people seeking abortions during COVID-19 have often had to violate stay-at-home orders in order to travel, leaving them highly vulnerable to surveillance. *Fourth*, note that for those abortion-seekers who happen to be undocumented, traveling long distances for abortion care forces them to confront a wide variety of internal enforcement mechanisms, including literal immigration checkpoints in the U. S. interior, that leave them increasingly vulnerable to deportation. Thus, abortion restrictions intertwine with standardly-recognized immigration restrictions in alarming ways.

In sum, abortion restrictions like the COVID-19 abortion bans can serve to exclude abortion-seekers from particular territories, or keep them from leaving particular territories. And this becomes more readily apparent when we displace methodological nationalism and conceive of those who travel for abortion as “migrants.”

Second, understanding people who travel for abortion as a type of “migrant” reveals that COVID-19 is a bigger immigration/migration crisis than we think. There has been some—but certainly not enough—discussion in the popular media of how the efforts of various states to curb COVID-19 in their territories are contributing to a global immigrant and refugee crisis. For instance, detained undocumented migrants are highly vulnerable to the disease. At the end of April, 2020, an estimated 45 percent of detained migrants in the U. S. had already

tested positive for COVID-19.¹⁵ Refugees living in camps also face considerably heightened risks. Despite this, traditional “receiving countries” have closed their borders to immigrants and refugees in the name of protecting their citizens from COVID-19, and the United States refuses to release detained undocumented migrants from prison.

Note, for our present purposes, that this set of urgent concerns has traditionally been considered separately from concerns about COVID-19 abortion bans and their aftermath, which tend to be presented as problems “internal” to the United States. However, if we understand those who travel for abortion care as migrants, we are compelled, for several reasons, to consider how these restrictions in the U. S. are part of a burgeoning immigrant/refugee crisis on a global scale.

First, as we have seen, abortion restrictions like the COVID-19 abortion bans constrained mobility in ways that can prove dangerous and deadly for pregnant people—particularly during a pandemic. Thus, it can be viewed as part of broader patterns of curbing movement and migration in ways that cause harm. *Second*, recall that the United States is an important destination for pregnant people across the globe (at least, among those who can afford the travel) to terminate pregnancies at more advanced gestational ages. This is due to the ways in which safe and legal abortion care is both restricted and denied on a global scale. Thus, when the U. S. closes its borders to non-citizens it is also denying vital health care services to people with gestational capacity. *Third*, as we have seen, abortion restrictions can leave undocumented people who must travel for abortion care in particularly vulnerable positions, as some may have to drive across many U. S. states (often without driver’s licenses) where they may be targeted on the basis of their visible racial and class identities. If they must also violate the stay-at-home orders of various states they will encounter on their journeys, they will likely be rendered additionally vulnerable.

This is certainly not to say that abortion migrants, *as a group*, find themselves in circumstances similar to those of detained undocumented migrants and refugees in camps (and, of course, let us not forget that many undocumented migrants and refugees want and need abortions). Instead, my point is that mobility restrictions connected to COVID-19 are considerably more dangerous, deadly, and sexist than previously acknowledged.

Moving on, beyond the aforementioned political reasons for adopting this discursive shift, there are philosophical reasons for so doing. Understanding those who travel for abortion care as “migrants” creates needed conceptual space for exploring philosophically how gestating bodies are Othered by various types of immigration restrictions. Indeed, abortion-related restrictions on mobility deny agency to pregnant people and may keep them behind closed doors. During the COVID-19 abortion bans, for instance, the abortion care that many pregnant people need to live a flourishing life—and sometimes even to stay alive—was deemed “non-essential,” bringing to mind Susan Bordo’s questioning of whether mothers are, in fact, “persons.”¹⁶ Since before the pandemic, the

person who, despite all the barriers in place, manages to leave their home to get an abortion may feel that they are “sneaking around” shamefully “under the cover of night.”¹⁷ And upon finally arriving at the clinic—perhaps after a costly journey that has lasted several days—the abortion seeker may need to surpass a wall of protesters calling her/them a “slut” and a “baby-killer” (insults that I personally heard yelled at abortion-seekers, and even at me while undertaking my research in Albuquerque).

In calling abortion travelers “people who migrate for abortion,” we create space in which we can use philosophical tools that have been developed to make sense of the relationship between immigration restrictions and identity-based oppression. For instance, scholars working in this area could more easily engage the methodologies of Latinx philosophy of immigration and multidisciplinary scholarly on gender and migration. A core insight of Latinx immigration philosophy has been that Latin American and Latina/o/x migrants are oppressed, othered, and sometimes even dehumanized by internal and external immigration controls.¹⁸ Meanwhile, scholars of gender and migration have explored ways in which historical restrictions on admission *to the U. S.* have reinforced intersecting sexism, racism, and classism.¹⁹ Without suggesting that the ways in which Latin Americans and Latina/o/xs are oppressed by immigration restrictions is similar to the ways in which migrant abortion-seekers are oppressed by internal abortion/border controls, scholars should learn lessons from the methodologies that Latina/x/s philosophers of immigration employed to connections between immigration enforcement, identity, and oppression.

Note that some important work has been done on the ways in which Latin American and Latina women, and other women of color, are oppressed in terms of their gestational capacities. For instance, Natalie Cisneros, in her important analysis of “anchor-baby” stereotyping of Latin American women and other immigrants of color, argues that their bodies are regarded in the United States as “always, already perverse,” and subjects them to a process of “backwards uncitizenizing.”²⁰ Leo Chavez, in his recent analysis of some of the experiences of children who are derided as anchor babies, explains that “[i]t is difficult to assess the toll on one’s psyche of being the subject of vitriolic anchor baby commentary . . . So-called anchor babies must bear the pain of being called out as the Other media and public discourse.”²¹ He adds that “[t]hey are made to feel they do not belong to the nation of which they are profoundly a part.” Finally, I previously analyzed how Mexican women who enter the United States with legal permission to seek prenatal care and give birth there are nevertheless rendered “socially undocumented,” or socially “illegalized.”²²

Such work, which focuses on the targeting of particular perceived, immigrant Others in the U. S. interior, and in terms of their gestational capacity, can serve as a starting-point for a broader analysis of how women/people gestational capacity are rendered Other by internal border controls, such as abortion restrictions. Of course, pregnant people with different social identities will experience different types of Othering that vary in intensity—what we need

is a proliferation of intersectional analyses. My point is that in understanding those who travel for abortion as “migrants,” we create conceptual space for exploring the relationship between internal border controls—like the COVID-19 abortion bans—and identity-based oppression. Such work, I suggest, can derive methodological inspiration from already-existing philosophical and empirical scholarship that focuses on different aspects of this relationship.

In sum, I have argued that we should consider those who travel for abortion care—including those who do not travel internationally—to be “migrants” for the following reasons. First, there is already a precedent for thinking more broadly about what it means to “migrate” set by social scientists who challenge methodological nationalism. Second, in calling abortion travelers “migrants” rather than “travelers” or “commuters,” we bring into focus the morally questionable borders (internal and external) and bordering practices that they face. Third, we draw needed attention to the vulnerabilities that many abortion travelers face, which is urgently needed given that this phenomenon is problematically under-explored. Finally, we create space for a more rigorous philosophical engagement of the problem, as we are compelled to explore philosophical insights on the relationship between immigration controls and identity-based oppression in relation to the phenomenon of travel for abortion care.

I shall now defend my view against two possible objections. First, one might object that in calling those who travel for abortion care a type of migrant, we neglect a core fact about what it means to be a migrant: namely, that one is intending to spend a considerable amount of time in a new state, even if one does not intend to settle there permanently. Those who travel for abortion care surely confront major challenges, but they do not intend to stay for a very long time. (As mentioned previously, I learned that those who travel to Albuquerque for a third trimester abortion generally state for about a week at most.) Thus, they seem to fail to meet a threshold requirement in terms of time of residence. I have several replies to this objection.

First, let me note, once again, the proliferation of terms to refer to different types of migrants as scholars challenge methodological nationalism (i.e., “transmigrant,” “internal migrant”).²³ Previously, migrants, or “immigrants,” were almost exclusively understood in terms of those who cross national borders to resettle permanently in a new state. Such work is an important precedent for the move advocated here. Furthermore, in using the term “migrant,” we can helpfully distinguish between the experiences under present evaluation—experiences of “migrating” for a limited period of time—and those of “immigrants” who intend to resettle permanently, as well as “transmigrants” and “internal migrants.”

My second reply to the objection is that the amount of time spent is not as significant as one might initially suspect. The significance of time from the perspective of immigration justice was discussed by philosophers in response to Joseph Carens’s argument that long-term, legally undocumented arguments should be granted a right to remain after a period of six years on the grounds

that they have become *de facto* social members of the state in question despite lacking legal authorization to be there.²⁴ Some scholars questioned aspects of this claim, such as Linda Bosniak, who, in a reply to Carens, argued that “[t]here is, first of all, the arbitrariness involved in establishing the length of the waiting period. Also, there is the fact that time is not always an ideal proxy for affiliations and stakes.”²⁵ How do we know that six years is truly the time it takes to develop robust social membership in a new state? Is not the intensity and significance of one’s experiences more important than the number of years one has spent in a new territory?²⁶

To be clear, I am not arguing that people who migrate for abortion—the majority of whom are, in fact, citizens of the state where they get abortion care—have developed a “new social membership” that entitles them to a right to remain. Instead, I highlight this discussion of Carens’s arguments about undocumented migration to problematize the idea that people must intend to stay for a lengthy period of time in order to “count” as migrants. People who travel for abortion care may not stay for extended periods of time, but the intensity and importance of many of their experiences may “rival” those of long-term migrants.

For instance, I learned in my field research that those who migrate for abortions in the third trimester of pregnancy due to serious fetal anomalies may personally experience what they describe in terms of the birth and death of a wanted child, whose body they may achingly acknowledge and leave behind in Albuquerque. I also observed medical practitioners making handprints and footprints of aborted fetuses for patients to take home (upon their patients’ requests). I also observed the recovery rooms of Southwestern Women’s Options. There, small groups of patients convalesce at various stages of their abortions, and patients frequently form bonds with one another through discussing their difficult experiences traveling for abortion care.

All of this occurs in a context in which pregnant people may have experienced interrogations at national borders, risks of apprehension and deportation in the U. S. interior, and various other safety concerns along their journeys. So, while the amount of time the spent in Albuquerque may not be very long, their abortion journeys *may* constitute some of the most memorable, traumatizing, frightening, and/or illuminating experiences of their lives. In light of this, I believe the burden is on the objector to defend the idea that time still matters, particularly given that we have other terminology available (i.e., “immigrant”) to describe those who cross borders and intend to stay for an extended period.

I have a third, and final, response to this objection. For decades, the experiences of migrant women were hidden from view in immigration scholarship, as noted by feminist immigration scholars.²⁷ While things have steadily improved over time, representation-wise, it remains the case that our understanding of what it means to “migrate,” who “counts” as a migrant, and what a “border” even is, were established in androcentric scholarly contexts. As a result, the experiences of people who travel long distances and cross borders for abortion care (among others) have been underexplored. Rather than cling

to established understandings of who “counts” as a migrant, I submit that a commitment to analyzing, both philosophically and empirically, the experiences of women/pregnant people who migrate should inspire us to reconsider our definitions and categories with a view toward greater inclusiveness and descriptive accuracy. In sum, we should understand those who travel for abortion as a type of “migrant” even if it stretches our current understanding of what it means to migrate.

I now turn to a second objection. One might argue that in adopting this broadened understanding of “migrant,” such that we include those who have legal authorization to be in the country where they are getting an abortion, we hide from view the particular vulnerabilities that certain women/pregnant people, such as undocumented people, endure in seeking and accessing abortion care. While I recognize that this is important, note that nothing that I argue here serves to sidetrack discussion of undocumented status and its relationship to abortion care (which should focus, for instance, on questions about how immigrant detention can serve as an additional barrier to abortion care case.²⁸) We can call people “immigrants”—including very privileged people who cross borders under enviable conditions—without losing our ability to distinguish such people from undocumented migrants and other comparatively vulnerable groups. Similarly, we can talk about “abortion migrants” without displacing discussion of undocumented people who get abortions, and the unique vulnerabilities that they face.

V. Conclusion

In this paper, I have argued that people who travel for abortion care are “migrants”—including those who get abortions in countries in which they are citizens. In making this argument, I have explored how the phenomenon of travel for abortion care disrupts a methodological nationalist framework, which obscures internal borders, bordering practices, and mobilities. Travel for abortion care shows that seeking abortion care is a global phenomenon rooted in particular localities like Albuquerque, New Mexico. However, our traditional understandings of borders and nation-states cannot adequately account for this, and they need reform. I have also explored the political and philosophical reasons in favor of understanding those who travel for abortion as migrants, with particular reference to the COVID-19 pandemic and associated abortion bans in the U. S. The COVID-19 abortion bans, I have argued, were *immigration controls*, and that COVID-19 crisis is a bigger immigration crisis than previously considered. Finally, I have argued that in understanding those who travel for abortion as migrants, we create space for deeper engagement of feminist and Latinx immigration scholarship that highlights the connections between borders, social identity, and oppression. All of this, I submit, generates needed analytical space for normative analysis of the underexplored and undertheorized practice of travel for abortion care.

Endnotes

1. Part of the field work conducted for this essay (conducted in summer 2017) was funded by an NIH Building Scholars Grant. I am very grateful to the medical providers at Southwestern Women's Options and the UNM Center for Reproductive Health for allowing me to shadow and learn from them during my field work experiences. I wish to express particular gratitude to Rameet Singh, Brenda Pereda, Shelley Stella, and Carmen Landau. Thanks are also due to Alex Sager, Iván Sandoval Cervantes, and two anonymous reviewers for *Essays In Philosophy* for their helpful comments on previous drafts of this essay. Finally, and most importantly, I want to thank all of the women who so generously shared with me their stories about traveling for abortion care before and during the COVID-19 pandemic.
2. Planned Parenthood, "What Comes Next," in "Timeline: Our Fight Against Opportunistic Abortion Bans During the COVID-19 Pandemic," accessible at <https://www.plannedparenthoodaction.org/issues/abortion/timeline-our-fight-against-abortion-bans-during-covid19>.
3. Andreas Wimmer and Nina Glick Schiller, "Methodological nationalism and beyond: nation-state building, migration, and the social sciences," *Global Networks* 2.4 (2002): 301. <https://doi.org/10.1111/1471-0374.00043>
4. Saskia Sassen, "The global inside the national: A research agenda for sociology," in *Sociopedia.isa* (2010): 3.
5. Alex Sager, *Toward a Cosmopolitan Ethics of Mobility: A Migrant's-Eye View of the World*, (Cham, Switzerland: Palgrave Macmillan, 2018), 5.
6. Sager, *Toward a Cosmopolitan Ethics*, 10.
7. The term "bordering practices" is now widely used. For a particularly rich discussion of the term that I follow here, see Blanca Garcés Mascareñas, "Revisiting Bordering Practices: Irregular Migration, Borders, and Citizenship in Malaysia," in *International Political Sociology* 9.2 (2015): 128–142. Garcés Mascareñas explores "securitization from within," and the role of internal border controls in curtailing mobilities. <https://doi.org/10.1111/ips.12087>
8. Saskia Sassen, "The Global City: Introducing a Concept," in *Brown Journal of World Affairs* 11.2 (2005): 31.
9. See, for instance, "Transnational Oaxacan indigenous identity: The Case of Mixtecs and Zapotecs, in *Identities: Global Studies in Cultural and Power* 7.2 (2000): 173–195, and Lynn Stephen, *Transborder Lives: Indigenous Oaxacans in Mexico, California, and Oregon* (Durham: Duke University Press, 2007). <https://doi.org/10.1080/1070289X.2000.9962664>
10. See Iván Sandoval-Cervantes, "We Came for the Cartilla but We Stayed for the Tortilla: Enlisting in the Military as a Form of Migration for Zapotec Men," in *The Journal of Latin American and Caribbean Anthropology* 24.3

(2019): 617–634.

11. One might object that the proposed terminology will only serve to put focus on the people who travel for abortion, as opposed to the borders and barriers they confront. I admit that this is a risk, but submit that it is outweighed by the value of reconceptualizing borders and bordering practices such that we can account for the difficult experiences of many people who must travel for abortion.
12. United States Department of Homeland Security, “Border Security Overview,” accessible at <https://www.dhs.gov/border-security-overview>.
13. For further discussion see José Jorge Mendoza, *The Moral and Political Philosophy of Migration: Liberty, Security, and Equality* (Lexington Books, 2016).
14. Arjen Leerkes, James D. Bachmeier, and Mark A. Leach, “When the Border is ‘Everywhere:’ State-Level Variation in Migration Control and Changing Settlement Patterns of the Unauthorized Immigrant Population in the United States,” *International Migration Review* 47.4 (Winter 2013): 912. <https://doi.org/10.1111/imre.12047>
15. ACLU, “Immigration and Detention Was a Black Box Before COVID-19. Now It’s a Death Trap.” Accessible at <https://www.aclu.org/news/immigrants-rights/immigration-detention-was-a-black-box-before-covid-19-now-its-a-death-trap/>.
16. See Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (University of California Press, 2004).
17. See Carmen Landau and Lisa Long, “Under the Cover of Night: Abortion Across Borders” in *MEDICC Review* 17.4 (2015): 60. <https://doi.org/10.37757/MR2015.V17.N4.13>
18. For overviews of some of this work, see, for instance, Manuel Vargas, “Latinx Philosophy.” *Stanford Encyclopedia of Philosophy* (2018), accessible at <https://plato.stanford.edu/entries/latinx/>. See also Gloria Anzaldúa, *Borderlands/La Frontera: The New Mestiza* (San Francisco: Aunt Lute Books, 2012).
19. For a particularly helpful historical overview, see Eithné Luibhéid, *Entry Denied: Controlling Sexuality at the Border* (Minneapolis: University of Minnesota Press, 2002).
20. Natalie Cisneros, “Alien” Sexuality: Race, Maternity, and Citizenship, *Hypatia* 28.2 (2013).
21. Leo Chavez, *Anchor Babies and the Challenge of Birthright Citizenship* (Stanford: Stanford University Press, 2017), 81
22. See Amy Reed-Sandoval, *Socially Undocumented: Identity and Immigration Justice* (New York: Oxford University Press, 2020).

23. It is also worth noting that there is debate about nearly all terms used to refer to migrants—from “undocumented-versus-unauthorized migrant” to terms like “nomad” and “expatriate.” For further discussion, see Joseph Carens, *The Ethics of Immigration* (New York: Oxford, 2013).
24. Joseph Carens, *Immigrants and the Right to Stay* (Cambridge: The MIT Press, 2018).
25. Linda Bosniak, “The Rights of Short Term Immigrants Also Need Protecting,” in *Boston Review: A Political and Literary Forum* (on Joseph H. Carens’s “The Case for Amnesty”), published May 1, 2009, accessible at <http://bostonreview.net/forum/case-amnesty/basic-rights-short-term-immigrants-also-need-protection-linda-bosniak>
26. Carens would reply that this period is merely a proxy for social membership, and that most of those who have lived for this period in the “new society” have developed sufficient social ties for true “belonging.”
27. See, for instance, Pierette Hondagneu-Sotelo’s introduction to *Gender and U. S. Migration: Contemporary Trends* (Los Angeles: University of California Press, 2003).
28. See, for instance, Josh Gerstein, “Teenage immigration abortion case could be hurdle or Kavanaugh’s Supreme Court Bid,” in *Politico* (July 6, 2013). See also Ellmann, N. (October 21, 2019). Immigration Detention Is Dangerous for Women’s Health and Rights. *Center for American Progress*. <https://www.americanprogress.org/issues/women/reports/2019/10/21/475997/immigration-detention-dangerous-womens-health-rights/>