

Abortion in the UK

Experiences of African, Caribbean & Asian people



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Decolonising Contraception is a community interest company created by a collective of Black and people of colour (BPOC)* working in sexual and reproductive health (SRH) in the UK. We work together to highlight how institutional racism and colonialism impacts the SRH outcomes of BPOC. We are devising innovative ways to educate and bolster our communities to end poor SRH outcomes that are worsened by racism.

Abortion Stories from Underrepresented Voices is a project exploring abortion experiences among BPOC through focus groups partly supported by The Open University's [My Body My Life](#), a public engagement project that shares stories of abortion from people across the UK.

Thanks to the people who gave their time to participate in these focus groups, we have been able to produce this booklet and help those who are considering their pregnancy options.

Whilst we hope that the findings will be useful to those working within abortion services, we are sharing the findings as the BPOC we interviewed felt their communities needed to hear more about their experiences in the hope that it will help others.

This booklet is for information purposes only. Please contact your doctor, abortion provider or sexual health clinic if you're worried or unsure about anything.

*This is our preferred terminology to highlight how colonialism, racism and colourism dually affect the experiences of racially marginalised groups within the UK.

Illustrations by Leah Soweid



Abortion in the UK

If you are a resident in the UK with an unwanted pregnancy, you are entitled to access an abortion via the NHS.

In England, Scotland and Wales, most abortions are carried out before 24 weeks of pregnancy. An abortion can also be carried out after 24 weeks, but only under certain circumstances such as if the pregnant person's life is at risk or the child would be born with a severe disability.

In Northern Ireland, abortion laws were liberalised in 2019 following legislation passed by Westminster, giving people access to an abortion in any circumstance within the first 12 weeks of pregnancy. However, people continue to struggle with accessing abortion care, although early medical abortion can be accessed from individual health trusts in Northern Ireland on an ad-hoc basis. The Department of Health in Northern Ireland have been ordered to set up abortion services by March 2022.

Abortion laws are different in the Republic of Ireland. You can have an abortion up to 12 weeks of pregnancy as of 2018. After 12 weeks, it is possible to get an abortion in the Republic of Ireland if there is a serious risk of harm to the life of the person who is pregnant. If you are over 12 weeks, you can travel to England (see [resources](#) at the end of this booklet) to have an abortion.

To undergo a legal abortion in the UK there is a requirement that two doctors sign a form that agrees that an abortion can be granted for either mental or physical health reasons.

In March 2020, the UK abortion law was temporarily amended due to the COVID-19 pandemic to allow medical abortion up to 10 weeks of pregnancy at home, instead of having to take the first pill at a clinic or hospital. This scheme will continue permanently in England, Scotland and Wales.

What is an Abortion?

An abortion is a procedure to end a pregnancy, either by taking medicines or a surgical procedure.

Medical abortion ("abortion pill") – involves taking two different medications to cause a miscarriage. This option is offered in most cases up to 24 weeks of pregnancy; it does not require any anaesthetic, and for most can be undertaken safely at home. For those between 10-24 weeks pregnant, two clinic visits or an overnight stay in a hospital might be required.

Surgical abortion – involves expelling the pregnancy using a suction device under local or general anaesthetic. This usually means attending a clinic or hospital for one day and then going home later in the evening.

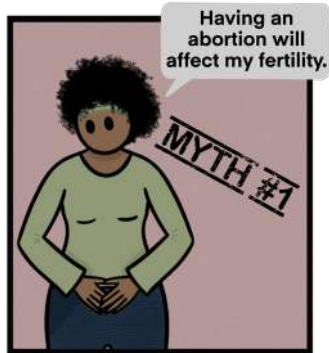
Abortion stigma

Abortions are accessed by a significant proportion of women* in the UK. Between January and June 2020, almost 110,000 abortions were carried out on people living in England and Wales. Furthermore, research suggests that 1 in 3 women will have an abortion in their lifetime. Yet, cultural and social factors continue to stigmatise abortions.

Abortion stigma prevents access to medical services and accurate information on reproductive choices. Furthermore, abortion stigma disguises how often abortion is considered for people with unwanted pregnancies across the UK. Therefore, it is important to remember and acknowledge that abortion is a valid choice to end an unwanted pregnancy.

*We use women when referring to statistics on abortion as, currently, the Department of Health and Social Care (DHSC) does not allow anyone accessing abortion to identify as another gender, meaning all data is coded under women. We welcome any research that sheds light on the experiences of trans and non-binary people.

Abortion myths



Having an abortion will not affect your chances of future pregnancy. The complication rate of abortion within the UK is very low.



How people's bodies manage an abortion procedure can be different. >80% of abortions in the UK happen at around 6 weeks meaning the bleeding is light, manageable and people often only experience moderate cramping pain.

If your symptoms are more severe, you can contact the clinic for further pain relief or go to Accident and Emergency (A&E) for help managing the bleeding. If you are worried about stigma, you can state that you are experiencing a miscarriage and disclose your full medical history when safe to do so.



Again, this experience can vary considerably between people. However, moderate menstrual cramping sensations is common with most surgical and medical abortion. Often, people do require better pain relief than just store-bought paracetamol or ibuprofen with a medical abortion. If they require stronger pain-relief then they are advised to contact their abortion provider if this is the case. In some cases, people attend A&E with severe pain from an abortion that requires stronger analgesia (drug used to relieve pain).



Over 60% of unplanned pregnancies end in abortion. Few people discuss it due to societal pressure and stigma. Yet, most are happy with their decision and many go on to have successful pregnancies later on in their life. There is no right or wrong way of feeling about your own abortion.



Anyone who has a uterus can have an abortion. You may see someone who is gender non-conforming or trans at an abortion clinic or that person may be you. Everyone who requires abortion care should access services when they need to.

Advice on taking care of yourself after an abortion

The clinic that provides your abortion should provide you with further information, but here are a few basics pointers:

- Eat properly and stay hydrated. If you feel faint, get in touch with the advised health professional.
- Whilst you are bleeding it is best to use pads rather than tampons to minimise the risk of infection.
- If you develop foul-smelling discharge or pelvic cramp in the days to weeks after your abortion, you might have developed an infection and require antibiotics. Please contact your abortion provider or GP.
- You are able to get pregnant 5 days after an abortion. If you are not intending to be pregnant following abortion, it is recommended that you use contraception. Your abortion provider can help you choose a method of contraception that best suits your needs.
- To ensure your abortion is complete, take a pregnancy test 3 weeks after your abortion.

How do abortion experiences differ between BPOC and the rest of the UK population?

Previous research suggests that the experiences of BPOC undergoing abortion differs compared to the rest of the population. This may be due to different patient-provider interactions, societal stereotypes about motherhood, or additional cultural and religious pressures. However, there is uncertainty about how this may affect access or recovery after an abortion.

To better understand the challenges faced by BPOC accessing abortion care in England and general stigma surrounding abortion, we reached out to people of African, Caribbean and Asian descent to participate in a series of focus groups as part of a project called Abortion Stories from Underrepresented Voices.

We asked participants to talk about their experiences of choice, accessibility, and safety in procuring their abortions. To further challenge the specific stigma around abortion for people of African, Caribbean and Asian descent, we asked participants to talk about how culture, religion and social pressures impacted them in their decision-making process for their abortions.

Breaking the silence...

We held 6 focus groups with 12 people of African, Caribbean and Asian descent. By collecting stories on the abortion experiences of these people, we want to start a bigger conversation to improve abortion experiences and the sexual and reproductive health choices for BPOC.

The interviews we conducted had two components asking participants to share:

1. the practical side of abortions
2. how they felt as a person of colour navigating abortion services.

These are not sanitised stories of abortion. The stories shared with us include a spectrum of feelings, situations and outcomes for people who had an abortion. No abortion experience is the same, but all participants agreed that they wanted to hear abortion stories from people of colour, which is why we created this booklet.

Abortion Access

Most participants said it was easy to find an abortion provider and found the information they needed through:

- an online search
- a list provided by their GP
- recommendations from someone close to them.

Most participants opted for abortion providers close to their home. For those who accessed abortion providers further from home, two participants said they did not have a choice, and another chose an abortion provider away from their local area because of the shame they felt about having multiple abortions.

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It was close by, and it was a decision I made on the spot, bam. I was just thinking about making my way there and making my way back and cost at that time was an issue. Yes, I had to ensure that it was close enough for me to access and get to without any problem or any hiccups or anything like that.

“

In terms of that last one, about did I choose to go to an abortion service provider close or far away, I didn't have a choice at the time. There's only one doctor in England and Wales who does abortions for people with [my] health conditions. He was away, and they basically had to force him to come back from his holiday a day early just so that he could perform mine.

“

One time when I was actually with my mum, we went to just the nearest one to our house, because there were literally no other options, because I was living at home at the time. And the last one, I think I just wanted to go somewhere I hadn't been before, because shame, really, around that.

The hidden cost of abortion

Getting an abortion is free via the NHS for UK residents, and our focus group participants all accessed their abortions via the NHS. However, despite the procedure itself being free, they described some of the hidden costs when accessing abortion care, such as having to take unpaid time off work and travel expenses to access an abortion provider.



The second time, I took a total of two weeks off work, and then the first week was going in for repeat scans, I had to keep on getting taxis as I wasn't in a fit state to get public transport.



There was also no provisions as well for accommodation, no provisions for a taxi. It just got me questioning, imagine if my best friend didn't come through and imagine if I hadn't been paid at that time, what would I have done? I had to get a pay-day loan just to pay for a hotel to look after myself.

These hidden costs create barriers for many people in need of abortion care. But having understanding employers as mentioned by one participant and/or having a friend or family member take you to your appointment as mentioned by several participants, can ease the potential financial burden.

Abortion experiences

The participants in our focus groups used abortion providers across England and Wales, and shared their experiences related to the process of accessing abortion services. We asked them to tell us a bit about the quality of abortion services, their experience with healthcare workers and the support they received. Responses were varied, with some telling us their experience was good and others recounting bad experiences.

If this is your first time accessing abortion care, this section will give you a better understanding of what to potentially expect. Everyone's experience is different, and participants shared both positive and negative experiences.

Quality of abortion services

The quality of abortion services varied between participants and was impacted by how well-resourced the clinic they visited was. For example, one participant who had received four medical abortions – two in England and two in Scotland – shared that their abortion experiences in Scotland were much better than in England. The participant felt that NHS Scotland was better resourced and provided better abortion care. They also noted that in Scotland they were given the option to take the tablet and suppositories for their medical abortion under the supervision of a professional and then make their way home, or they could stay in the hospital for 6 hours. This option is available in both England and Scotland, however, services vary from provider to provider.

Another participant who had a heart condition whilst pregnant said they would have preferred to stay in the hospital for few days for observation because they had a surgical abortion. This option was not available to them, causing them significant stress and anxiety about the possibility of adverse physical and mental health outcomes, post-abortion.

One participant said they didn't have difficulty accessing the procedure, but discovering the pregnancy early meant the process dragged on. "I wouldn't say it was difficult in getting the procedures for both times, I would say it was quite slow. It was really slow. Each time I found out, two weeks in, and in my first abortion, I ended up being pregnant for two months. The second time [ectopic pregnancy], it was too early, so there was nothing that they could do. There was a lot of waiting and pending for the services that were already there." While waiting times do vary, the NHS states that you should not have to wait more than 2 weeks from when you or your GP first contact an abortion provider to having an abortion.

Several participants also lamented on the severity of pain they experienced following their medical abortions, reporting that the pain was unanticipated and that they were not given adequate information on how to deal with the pain. One participant had to go to A&E and was given morphine for the pain, even though their abortion provider had assured them that paracetamol and/or aspirin would be more than sufficient as a form of pain relief.

Healthcare professionals

Similar to the quality of abortion services, experiences with healthcare professionals varied. One participant felt pushed into looking at the ultrasound during the pre-screening process: "Pre-screening process, it was all right, but the first doctor that I got, she was a bit biased because she was trying to push me to check the ultrasound, 'Oh, do you want to see your baby? He's just here,' and all that. That messed a bit with my mental health."

Reflecting on their experience with their provider, another participant said, "It was a very cold environment. The guy who'd done it, because I was very nervous, I said to him, 'Wait, wait, wait.' He said, very abruptly to me as if I was annoying him, he said, 'You can leave and come back later on if you need time to think about it.'"

These experiences highlight the importance of being able to advocate for yourself when accessing healthcare services. Information on advocacy can be found in the [resources](#) section of this booklet.

Participants also shared positive experiences with healthcare professionals, and one participant who had a surgical abortion said, "the nurses during the operation and also after, the anesthesiologists were wonderful. There was no judgement from them at all. That was probably the place I felt the safest, just being on the operating bed and literally being knocked out and then the doctors coming around, the nurses coming around afterwards, and then being given Tramadol afterwards."

Interacting with healthcare professionals from a similar ethnic background

There can be both positives and negatives to having a consultation with a healthcare professional from a similar cultural and/or religious background as you, particularly if you are from a small community. When it came to accessing abortion care, multiple participants told us that they would not prefer a healthcare worker from the same ethnic background as them due to concerns around confidentiality and stigma.

One participant felt awkward at the GP who referred them to their abortion provider. This was because the GP was from the same ethnic background as them, and treated their entire family. The participant knew that their GP would not disclose their situation to their family, but they still felt uneasy during the consultation.

When asked whether there was preference for providers to be from the same ethnic background, multiple participants said they did not prefer this, with one participant of Bangladeshi descent saying, "If I were given the option, let's say, to have a Bangladeshi doctor be part of this process, I would not want that at all."

A Black participant said that they generally "don't like Black healthcare workers because I find that they are judgemental. They want to be my mum and just don't let me get on with the decisions I need to make." But went on to mention that they'd had a good experience with a Black doctor who did the procedure: "The doctor was quite good because he was a Black man actually. He's an amazing guy, never judged me, never questioned me. Just kept it very professional, which is what I

want.”

“I’m almost certain one of my nurses was from the same country as me, Zimbabwe. It was nerve-wracking a little bit. There have been experiences in general that have made that be like, I’m not against it but I’m not gunning for it either”. Another participant shared that although they did not have a preference for an abortion provider to be of the same ethnic background, they noted that they had an extremely positive experience with a healthcare worker who was another person of colour. The participant said that they felt that the healthcare worker had a warmer bedside manner and seemed to care about their experience more deeply.

Remember that:

Health professionals are bound by professional codes of confidentiality and will not share your medical information with your family or friends; breaking these rules could lead to them losing their job.

If you have concerns that you may know someone working at the service, inform the clinic when booking your appointment.
You can request to see a different member of staff.
However, please note that, depending on the size of the clinical team, this might mean your appointment is rescheduled to a different day.

Support

Whether you feel sad or relieved about having an abortion, your feelings are valid. Additional support from family, friends or a healthcare (mental and/or physical) professional is something you might need if you’re considering or choosing to have an abortion. Participants from our focus groups said they were supported through their abortion experiences by offers of paid leave from their employer, personal networks offering counselling as well as general support from family, partners and/or friends. Although some had to undergo the procedure on their own, family and friends were available post-procedure with emotional and physical support.

If you do not feel like you need additional support such as counselling after having an abortion, you’re not the only one. One participant reflected they did not feel like they needed support: “I don’t think [the abortion] really bothered me. It sounds horrible to say, but I don’t think it bothered me at all, the whole situation. It was difficult in terms of pain and time and mental energy in terms of things to do. It genuinely doesn’t bother me that I had an abortion. I just see it as part of life. I was quite a lot older; I was in my 30s by then.” Another participant mentioned they were offered counselling after their abortion, but did not take up the offer at the time and later wished they had. Changing your mind about seeking support is also valid and it’s never too late to reach out for support when you need it.

When asked about seeking out culturally-specific support, one participant said they “didn’t seek or desire a more culturally-specific support service, mainly because I knew it wasn’t available to me.” However, a few participants mentioned receiving culturally-specific support from their friends, with one participant saying that “my friends were definitely a pillar throughout both of the procedures.” Explaining the importance of having support services that are welcoming of Black and people of colour, one participant said, “I would really, really, really like to go to a safe space that acknowledges the specifics of going through the healthcare system as a non-white person or a Black and brown person because there are experiences and biases that you do feel that it’s hard to really communicate in a space of majority white women.”

If you need support outside of your family and friends, please see the [resources](#) at the end of this booklet and/or speak with your GP or abortion provider.

Culture & religion

We know that culture and religion can influence our beliefs and decision-making, and the participants in our focus groups expressed how this influenced their decisions and feelings around abortion.



There was a lot of talk about abortions mainly from religious and cultural backgrounds and being a Black woman from a culture that values life in that sense, it was a lot of, you shouldn't do that because it's a gift from God. Or things like that. There wasn't really any talk about the implications of life after he was there. I think maybe that's what swayed my thought process when it comes to abortion because a lot of people just talk about the birth part. They never talk about the 18, 20, 50 years after that, what impact it has on the person that's making that.

Commenting on cultural influences, one participant said, "Once you had an abortion, it slimmed down the chances of you having any more children, which is part of my position as to, 'Oh, no, don't do it because then you can mess up.' I'd heard the horror stories of my aunts, where they said, 'Oh, look at her. She has no children. Now she's taking care of everyone else's kid because she had loads of abortions when she was younger.'" Another said, "The erasure of that reality [abortion] by just not speaking about it to me [has been] like a fight, like a battle with my community because there is also a lot of hypocrisy."

Position on abortion before & after experience

We wanted to find out whether participants' feelings and thoughts around abortion changed after having an abortion by asking if they currently agree with Planned Parenthood's definition of pro-choice:



People who identify as pro-choice believe that everyone has the basic human right to decide when and whether to have children. When you say you're pro-choice you're telling people that you believe it's OK for them to have the ability to choose abortion as an option for an unplanned pregnancy — even if you wouldn't choose abortion for yourself.

The participants agreed with this definition after their abortion, although one participant questioned the focus on "unplanned pregnancy".



In terms of the statement I do agree, but there's a subtle but important distinction where they say, 'as an option for an unplanned pregnancy.' I feel as though sometimes someone could intend to be pregnant and want to, and then life happens. There's just something about that where I feel as though they still put in a caveat in there like, well, if you weren't intending then it's okay but you can't change your mind if you were intending on doing it.

“Irony is it’s called pro-life but then I got my life back after my abortion, so which is it?”

Responses were mixed about whether they were “pro-choice” before they had their abortion. Some participants were opposed to abortion until they needed one, some were fiercely pro-choice and others were ambivalent but didn’t judge people who had abortions.



I’d say prior to my decision to have one, I thought it was a bad thing to do, an unnecessary thing to do. I just thought to myself that if you’re pregnant, you might as well just have the baby. There are people who are desperate for babies, so just have the baby, and that babies are always a blessing and so on. That would have been my official position.

On being fiercely opposed to abortion, one participant recalled, “When I was young, when I was about 15, 16 I was very much pro-life, I was like, no. Irony is it’s called pro-life but then I got my life back after my abortion, so which is it?”

How to break the stigma

The stigma surrounding abortion continues, and for Black and people of colour this is often compounded by religion and culture. Looking towards a future where abortion is no longer stigmatised, participants shared their ideas on how the stigma can be challenged in communities.

“Just by talking about it more, having these conversations and it being people with faces like us, really leading those discussions.” Another participant said, “I remember there was some campaign a couple of years back where a bunch of these celebrities in America admitted to having had an abortion and like being really public about it. I felt as though that would have been so effective, because I just feel as though in our community a lot of people feel like, once you’ve had an abortion, you better keep it quiet, or you better do this, or else you won’t get a husband, or else your friends will do this.”

But there is also a need to challenge abortion stigma when it comes to having multiple abortions, with one participant saying “I feel there’s a stigma on abortion. Then there’s another stigma on people that have had more than one abortion.”

“There’s another stigma on people that have had more than one abortion”

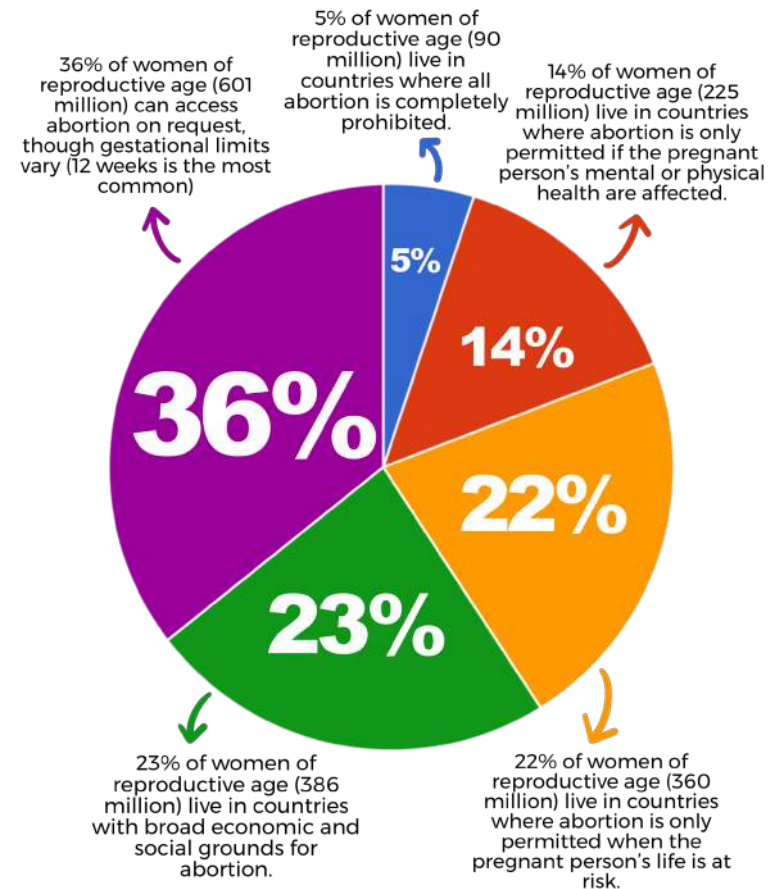
Abortion around the world

Abortion access and laws differ around the world, with two dozen countries still enforcing a complete ban on abortion. According to the World Health Organization (WHO), approximately 73 million abortions occur worldwide annually, with around 45% being unsafe and 97% of these unsafe abortions happening in developing countries.

The right to safe and legal abortion care is a fundamental human right. Globally, 59% of women of reproductive age have access to legal abortion, but 41% of women live in countries with restrictive abortion laws.

We know that legal restrictions on abortion do not result in fewer abortions. Instead, pregnant people are forced to risk their health and lives by seeking out unsafe abortion care. Unsafe abortion is a leading – but preventable – cause of maternal deaths with 4.7–13.2% of annual maternal deaths attributed to unsafe abortion.

What are the laws on abortion around the world?



Statistics on abortion laws around the world from the Centre for Reproductive Rights – visit their [website](#) for more information.

Changes in abortion law

Poland

In January 2021, the Polish government put into effect a constitutional court decision made in October 2020 to ban abortions performed due to foetal abnormalities, the most common of the few legal reasons for abortion in the predominantly Catholic country. Access to abortion was already in decline even without this legislation as more doctors refuse to perform them on religious grounds leaving many people seeking abortions abroad. This latest decision virtually bans abortion altogether in Poland.

Iceland

In 2019, the Icelandic parliament passed a bill which legalises abortion within the first 22 weeks regardless of circumstances. Prior to this bill, abortion was legal within this timeframe, but approval by a committee was required after 16 weeks of pregnancy. The decision to terminate a pregnancy up to 22 weeks is now up to the pregnant person, meaning Iceland has one of Europe's most liberal abortion laws.

USA

Texas

In September 2021, a law was passed in Texas that effectively bans abortion after 6 weeks, even in cases of rape or incest. The bill is based around an embryo's cardiac activity being able to be first detected by an ultrasound at 6 weeks gestation, which anti-abortion campaigners inaccurately refer to as a "heartbeat". Prior to this bill, abortion was permitted up to 20 weeks in Texas, with abortions after 20 weeks only permitted if the person had a life-threatening medical condition or the foetus had a severe abnormality.

Historical rulings in the USA (e.g., Roe v Wade, 1973) prevents a state

from banning early abortion, but this bill was written in a way that works around those precedents. This new law is not a criminal ban, but categorises abortion after 6 weeks as a civil violation. This means that people are entitled to make a claim for \$10,000 or more by filing a lawsuit against someone who has performed or helped a person obtain an abortion after the 6-week limit. This makes it almost impossible to access abortion in Texas, forcing people to travel to other states.

Mississippi

In 2018, the state of Mississippi passed a law to make abortions illegal in the first 15 weeks of pregnancy, even in cases of rape or incest. This law was passed, despite the landmark Roe v Wade case in 1973 which gave pregnant people in the US the right to an abortion in the first trimester and limited rights in the second trimester. Due to Mississippi's only abortion provider Jackson Women's Health Organization challenging the state on this new law, the state has not been able to enforce it. A final decision by the US Supreme Court on this ruling is expected in June 2022, and many are worried that the new restrictive law will be upheld due to the Supreme Court appointments being majority conservative. If the outcome is in favour of these new restrictive abortion laws, this would have a knock-on impact on people in an additional 21 states. This is because some states have laws in place to automatically ban abortion if Roe v Wade is overruled and others would be able to enforce laws kept from before Roe v Wade or enforce unconstitutional abortion laws passed from after Roe v Wade.

Persistent attacks continue on Roe v Wade that enshrines access to abortion in the USA.

Colombia

In February 2022, Colombia decriminalised abortion within the first 24 weeks of pregnancy, following decisions in Argentina in 2020 and Mexico in 2021 that lowered barriers to abortion. In Colombia, abortion was only permitted in cases of risk to the life or health of the pregnant person; life-threatening foetal abnormalities; or when the pregnancy was the result of rape, incest or non-consensual artificial insemination.

Resources, support & advocacy

Abortion Rights

www.abortionrights.org.uk

The national pro-choice campaign defending and extending women's rights and access to safe, legal abortion.

Abortion Support Network

www.asn.org.uk

A charity that provides information, financial assistance and other practical support to those forced to travel for abortions.

Abortion Talk

www.abortiontalk.com

A charity that offers safe, non-judgemental spaces for anyone to talk about abortion via a Talkline for one-to-one conversations, and workshops for groups.

Antenatal Results and Choices (ARC)

www.arc-uk.org

A national charity offering impartial information and support to expectant parents facing decisions about antenatal tests and results.

British Pregnancy Advice Service

www.bpas.org

An independent healthcare charity advocating and caring for those who decide to end a pregnancy.

Doctors for Choice

www.doctorsforchoiceuk.com

A group of doctors, nurses, and students campaigning for abortion rights and reproductive justice.

Marie Stopes UK

www.mschoices.org.uk

An independent healthcare charity advocating and caring for those who decide to end a pregnancy.

National Unplanned Pregnancy Advisory Service (NUPAS)

www.nupas.co.uk

A service providing abortion care, advice and support on the NHS or private.

Sister Supporter

www.sistersupporter.co.uk

A pro-choice, anti-harassment organisation campaigning for an end to the harassment of pregnant people outside abortion clinics, nationwide.