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IDENTITY

By Callie Beusman

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Women Won Abortion Rights In Texas—But They Still Can't Access Care

It's been exactly one year since the Supreme Court struck down Texas' draconian abortion law. Even though this was a huge victory for the national pro-choice movement, only three clinics have reopened in the state.



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When I call Dr. Jessica Rubino, at 8:30 AM central time, she's in the midst of her morning commute: about two hours, one way, to San Antonio. I can hear the low roar of the highway in the background as she speaks briskly and matter-of-factly, her voice occasionally rising with urgency at the end of her sentences.

Dr. Rubino is on her way to the recently re-opened Whole Woman's Health facility in the south-central Texas city, where she will spend the day providing abortion care to women who've had to contend with a host of state-imposed obstacles just to get there. "As soon as I get to work today, I'm going to have a patient who's going to be from Corpus Christi or McAllen," she says. Corpus Christi is about 150 miles away. McAllen is 230.

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To anyone who has been following the situation in Texas from a distance, it may come as a surprise that things are still so dire. A year ago today, in the landmark ruling *Whole Woman's Health v. Hellerstedt*, the Supreme Court **struck down the state's notorious anti-abortion law**, HB2, which had imposed a slew of stringent, medically unnecessary requirements on abortion providers, forcing over half of the clinics in the state to shut their doors. The effects of HB2 are well documented, and an obvious public health crisis: Texas women had to travel **four times farther** to reach a clinic, associated costs skyrocketed, and **the legal abortion rate plummeted**. (Research **has found** that as many as 240,000 women in the state have attempted to perform a DIY abortion with no medical assistance.) Poor women and women of color were **particularly burdened**.

The decision in *Hellerstedt* was a huge ideological victory: a vital affirmation that access to safe and legal abortion is constitutionally protected in the US, and a sharp rebuke to Republicans who were insidiously working to erode that right. It's had an immense practical impact as well—immediately after the decision came down, similar restrictions designed to block abortion access fell in five states, and it also provides reproductive rights advocates with a powerful tool for challenging laws in the future.

For many women in Texas, however, reality is trailing behind legal precedent. Before the restrictions took effect, there were 41 clinics operating in the state. At the nadir of the abortion access crisis, there were just 17. Today, there are 21.

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"Since that decision, we haven't gotten anywhere close to the level of abortion access we had prior to the law closing so many clinics," said Nan Little Kirkpatrick, the executive director of the **Texas Equal Access Fund**, which provides financial assistance to low-income women who need abortions. "The decision was right and just, but it did not flip a switch to reopen the clinics we lost in 2013 and 2014."

Although the abortion providers that were forced to close by HB2 are now technically free to reopen their doors, there are numerous technical and political barriers to them doing so. "It's very difficult to go from closing your doors back to reopening," explains Amanda Allen, the senior state legislative counsel at the Center for Reproductive Rights. The 20-plus clinics that shut down weren't just waiting in pristine shape for three years, like the setting for a particularly bleak retelling of *Sleeping Beauty*, for the Supreme Court to overturn the Texas legislature's unconstitutional malediction. Providers were forced to give up their leases and sell their equipment, and some of the doctors who worked there had to move away.

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As the arduous process of restoring abortion access across the state continues, women in Texas are now caught in a bizarre state of limbo, fighting for justice many people think they've already received. "Because over half the abortion clinics had already closed, abortion care in Texas is still not accessible," said Aimee Arrambide of **Fund Texas Choice**, another abortion fund in the state. "The number of Fund Texas Choice clients has exponentially increased, and our clients are having to wait longer and travel farther to access care." According to Gina Lawrence, the director of media and communications of **West Fund**, women in west Texas are still traveling an average of 400 miles, round-trip, to terminate unwanted pregnancies.

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"We know that the Supreme Court decision was the beginning and not the end," says Allen of the Center for Reproductive Rights. "We knew that it was going to take a lot of time and a lot of work to get access back to where it was in Texas."

Unfortunately, reproductive rights advocates aren't merely struggling to repopulate the Texas landscape with providers, which is a daunting enough task on its own. They're also battling renewed attacks on women's right to safe and legal abortion, and anti-abortion politicians are employing increasingly deranged tactics.

Just four days after the Supreme Court ruling, the Texas Department of Health and Human Services quietly introduced a rule that would **require aborted fetuses to be buried or cremated**. It was a notable, and very revealing, shift in strategy. With HB2, lawmakers had pretended they were acting out of concern for the health and safety of abortion patients: They were placing wildly onerous regulations on clinics, they claimed, because they wanted to ensure that women were getting safe, high-quality treatment. The fetal burial rule had no such justification; in fact, the words "woman" or "women" don't appear anywhere in it.

"Texas has not been backing down from anti-abortion extremism and in fact is doubling down on its efforts to block access to abortion."

"We saw the anti-abortion advocates and legislators very quickly drop the pretense that they cared about women's health, and I think that's very telling," says Allen. "They really showed their true colors, which is that they were never really concerned with women's health or safety."

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The Center for Reproductive Rights has **successfully challenged** the fetal burial rule; in January, a federal judge **blocked** them from taking place, noting that the restrictions it would impose on women are likely unconstitutional. This did not deter Texas Gov. Greg Abbott from signing into law a vicious, sweeping anti-abortion bill in **early June**. In addition to requiring funerary services for fetal and embryonic tissue, the legislation, Senate Bill 8, also effectively bans abortion after 12 weeks, with no exception for victims of rape or incest. (It will take effect in February, though it's likely to face significant legal challenges before then.)

"Since early July of last year, it's been clear that Texas has not been backing down

from anti-abortion extremism and in fact is doubling down on its efforts to block access to abortion and other reproductive healthcare services," says Allen.

Dr. Rubino, who is also a fellow with **Physicians for Reproductive Health**, describes feeling a sense of calm and purpose after the Supreme Court decision. "We started talking about promoting bills and legislation that's more proactive, protecting the rights we already have, and that gave me this sense of hope going forward," she tells me. Almost immediately, her optimism was tested as she realized that most of the clinics in the state wouldn't be able to reopen right away, and she became aware of the emerging fetal burial rule, among other anti-abortion legislation pending in the legislature.

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But she remains undeterred, as do the other providers and advocates in the state. They will work to open more clinics, she says, to challenge anti-abortion laws in court, and to expand access however possible. "We can easily feel defeated for sure, because of the landscape we're in," Dr. Rubino affirms. "We have to remember that the Supreme Court reminded us only last summer that we have this right—safe, legal access—so now we have to keep going. We have to keep trying to fight back."



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By Callie Beusman

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Desperate for Abortion Care, Women in Texas Are Pawning Their Wedding Rings

Texas's draconian abortion restrictions have forced over half the clinics in the state to close. According to abortion providers, the consequences for women have been dire.



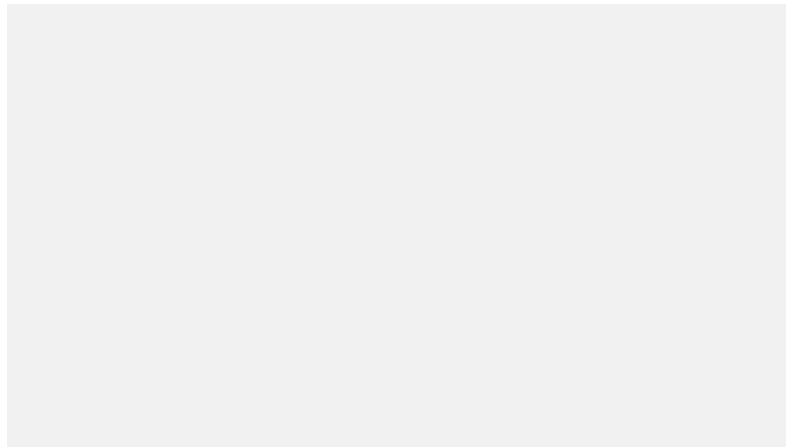


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When we talk about the way American women are rapidly losing the ability to govern their own bodies, it's necessary to resort to statistics: **288 abortion restrictions** passed in the past five years; dozens of clinics forced to close; **19 states** that fail, completely, on reproductive health. But statistics can often feel remote—it's easy to forget that those numbers represent millions of women whose dwindling options have left them in a desperate situation.

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In the past few years, Texas has come to represent the war politicians are waging on women's basic bodily autonomy. In 2013, former Texas Governor Rick Perry **signed** HB2, an omnibus anti-abortion bill, into law. HB2 mandates that abortion providers must meet several onerous requirements in order to remain in operation.

Although HB2 is billed as a law that protects women's health, both the American College of Obstetricians and Gynecologists and the American Medical Association publicly **oppose it** on the grounds that it "jeopardizes the health of women in Texas," arguing that "there is no medically sound reason for Texas to impose more stringent requirements on abortion facilities than it does on other medical facilities that perform procedures with similar, or even greater, risks." (Women's health providers are currently **challenging** this law at the Supreme Court, and many reproductive health experts think the outcome of that case could determine the future of abortion access in America.)

We've heard from women who have had to pawn or sell personal items, such as furniture or wedding rings, to pay for abortion care.

Even in comparison to the wildly depressing national landscape, Texas's statistics are jarring: Since parts of HB2 first took effect in 2013, the number of abortion providers in the state has dropped from 41 to **just 19**. If HB2 is allowed to stand, that number will plummet to just ten. As of April 2014, there are **over 1.6 million** Texas women of reproductive age who live over 50 miles from their nearest abortion provider. A study from this year estimates that **as many as 240,000 women** in Texas have attempted to self-induce abortions in their lifetime.

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For countless women living in the state, the reality behind these figures is even bleaker. According to Vicki Saporta, the president of the National Abortion Federation (NAF), the organization's hotline is frequently flooded with calls from women in Texas "who have effectively lost the option of obtaining safe, affordable, and timely abortion care because of HB2."

On a press call, she described how many women are left without options when their nearest clinic closes, forcing them to drive up to hundreds of miles—twice, due to the state's **mandatory 24-hour waiting period**, which requires any woman who wishes to get an abortion to receive in-person counseling and then return the next day to terminate her pregnancy—to access care. "They cannot travel the distance required to reach another clinic, they cannot lose wages or risk their jobs in order to take extra time off work, or they cannot afford the cost of child care or staying overnight in a distant city," Saporta said. "We've heard from women who have had to pawn or sell personal items, such as furniture or wedding rings, to pay for the additional travel-related costs of obtaining abortion care."

It takes a patient one to two days of consistent calling to get through to make an appointment. And, sadly, we still have to turn women away.

Multiple abortion providers who were able to remain open following HB2 said that their number of patients skyrocketed after the law took effect. According to Tenesha Duncan, an administrator at Southwestern Women's Surgery Center, an abortion clinic in Dallas, she and her colleagues are now seeing twice as many patients. The clinic now operates six days a week, and staff regularly have to work 12-hour days. "[We] now have seven people just answering phones," she said, "but even with these expansions, it still takes a patient one to two days of consistent calling to get through to make an appointment. And, sadly, we still have to turn women away because we can't handle additional patients."

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Ginny Braun is the former director of Ruth Street Clinic, a clinic in Dallas that closed in June of 2015 after operating for 36 years. In April 2013, the clinic had to temporarily close for two weeks because of HB2. (It closed permanently in June of 2015.) In the press call, she recalled telling a lobby full of patients—all of whom thought they would be receiving abortion care that day—that the clinic was closed and they had to leave. One patient in particular, a middle-aged mother from Oklahoma who had driven 90 miles to the clinic with her daughter, "broke down into hysterics," Braun said. "She was inconsolable."

"Had she made the trip one day earlier or not had to make two trips to the clinic because of HB2, we could have helped her," Braun continued. "Instead, this family of limited financial means was left with very few options. All I could do was cry with her, give her some phone numbers, and refund her fee so at least they had enough money to drive back to Oklahoma. I don't know what happened to her, but I will never forget her as long as I shall live."

I've talked to patients who were distraught and suicidal because they couldn't access the abortion care they needed.

When women are turned away from abortion providers, they have three options. They can travel a long distance to access safe and legal abortion if they are able to. If they can't afford to make the trip to the next nearest clinic, they can either carry an unwanted pregnancy to term, or they can resort to unsafe and illegal alternative: illegally obtained abortion pills, herbs, or blunt force to the womb.

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According to **research** from the Texas Policy Evaluation Project, hundreds of thousands of women in Texas have tried inducing abortions at home. Anecdotally, Duncan's experience indicates that this practice may be on the rise. "The first week after the law changed, we started seeing an increase in patients who had tried something to end their pregnancy before coming to the clinic," she said. "I've also talked to patients who were distraught and suicidal because they couldn't access the abortion care they needed."

As legislation similar to HB2 takes root across the South and Midwest, we're left with large swaths of the country in which women's constitutional right to abortion care is a right in name only. **Research shows** that restricting abortion access doesn't make abortion less common—it just makes it less safe. "This law denies Texas women their dignity and exposes them to unnecessary health risks without any corresponding benefits," said Saporta. "We're not fooled by HB2's flimsy disguise as a measure to protect women's health."

"It's shameful, it's cowardly, it's ignorant," said Braun. "Anti-choice politicians must not continue to hide behind HB2 while they destroy the lives and futures of the women in Texas."



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