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Abortion Access in Greater Minnesota

by reported by Ashlee Moser © 08/24/2019 © 319

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Photo by Trista McGovern

Dr. Carol Ball has been an abortion provider in Minnesota since 1981. She currently travels between clinics in St. Paul, Duluth, and Sioux Falls, South Dakota. When asked about how abortion access in Minnesota affects non-metropolitan patients, she says, "They have to go through a lot to actually access someone who provides abortion care."

A recent study by Middlebury College found that—although distances vary significantly across the country—the average woman of childbearing age (15-44) currently lives within 25 miles of the nearest abortion facility. It also found that one percent live more than 200 miles from the nearest facility. Although this might seem like a low percentage, it translates into more than 635,000 women who must travel more than three hours to access a facility that provides abortion services.

In Minnesota, some patients must travel up to four hours to access a clinic, according to NARAL Pro-Choice Minnesota.

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Hours of travel time, paired with early morning appointments that can require a hotel stay, the high cost of child care and missed work, transportation expenses, and unreliable cell phone service in certain areas creates added barriers to those who do not live near the Twin Cities, Duluth, or Rochester.

These barriers coexist with the other restrictions within the state, which affect people in different ways depending upon where they live.

According to Dr. Ball, the mandate that requires minors to notify both parents is particularly onerous for non-metropolitan patients. While there is a judicial bypass process for minors who cannot or do not want to notify both parents — in cases of abuse or estrangement, for example — privacy and confidentiality can be particular challenges for patients living in smaller communities. She asks, "Can you imagine a young woman going to her local courthouse [in a small town for this]?"

News coverage has highlighted the issue of local pharmacists refusing to distribute medications, such as birth control and the morning after pill, throughout the country; however, those living in more rural communities may not even want to ask for such prescriptions due to stigma. Combined with a broader lack of access to comprehensive sex education, this results in significantly restricted choices for people who live outside of metropolitan areas.

Simply finding accurate information about reproductive health care can be a challenge due to low broadband access and Wi-Fi speeds, as well as increased anti-choice efforts. Search for the word "abortion" online, and the abundance of anti-choice information becomes clear.

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In addition, there are more than 90 Crisis Pregnancy Centers in the state of Minnesota that offer antichoice information, many of which are located in rural and Greater Minnesota.

People in the state continue to work toward creating better equity for reproductive rights choices regardless of location. For example, abortion funds like the HOTDISH (Hand Over The Decision It Should be Hers) Militia, a partner of the WE Health Clinic in Duluth, help by providing funds to those who need

them for costs associated with the procedure, including but not limited to travel, accommodations, copays, and more.

"The challenge," says Dr. Ball, "is all of the misinformation and judgment that goes on in the political sphere around abortion care and around women's reproductive freedom. The hardest part is that it has gotten so much worse over the years. In the beginning, we thought this would all die down. [We thought] it would become a service and health care that would be more accessible."

Resources

hotdishmilitia.org

National Abortion Federation has up-to-date information on state abortion providers, at prochoice.org robbinsdaleclinic.com plannedparenthood.org thebuildingforwomen.org



wholewomanshealth.com

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