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How Abortion Providers Are Defying the Coronavirus to Continue Care

As states like Texas and Ohio try to limit abortion access during the Covid-19 pandemic, providers warn that doing so puts patients at undue risk

Garnet Henderson

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Before the coronavirus pandemic, the biggest threat abortion providers saw on the horizon was *June v. Russo*, a Supreme Court case that conservative justices could use to dismantle *Roe v. Wade*. Then governors began wielding executive power in response to Covid-19, and advocates immediately feared that some politicians would use their power to shut down abortion access.

On Monday, that fear came to pass when Texas governor Greg Abbott issued an executive order requiring physicians to postpone "all surgeries and procedures that are not immediately medically necessary." The Texas attorney general later clarified that the order applied to all abortion procedures except in cases of life endangerment. Abortion providers across the state were forced to cancel hundreds of appointments. In Alabama, where abortion clinics were deemed essential, providers reported an influx of patients from Texas seeking appointments.

Governor Abbott's move came after a similar attempt in Ohio, though abortion clinics there remained open. Mississippi governor, Tate Reeves, has indicated he may enact a similar ban, though specifics have not been announced. For abortion providers, who are under tremendous pressure as they continue to provide care in the face of Covid-19, government interference is one of many concerns.

“Patients cannot wait until this pandemic is over to receive safe abortion care.”

Advocates in Texas accused Abbott of using the coronavirus pandemic to cut off abortion access. On Wednesday, in a joint effort with Planned Parenthood and the Lawyering Project, the Center for Reproductive Rights filed suit asking a Texas court to grant immediate relief and restore abortion access in the state.

“Emergency actions during a global pandemic should advance health and safety for us all, not force people to delay much-needed care and possibly exacerbate their health situations by doing so. Patients cannot wait until this pandemic is over to receive safe abortion care,” said Amy Hagstrom Miller, president and CEO of Whole Woman’s Health, also a plaintiff in the lawsuit.

Across the country, protesters continue to congregate outside abortion clinics in defiance of shelter-in-place orders. “We’ve seen protesters continue to flag down cars, physically lean and reach into patients’ cars, and continue to hand out pamphlets. There is no social distancing when it comes to them approaching patients or congregating together,” said Calla Hales, executive director of A Preferred Women’s Health Center, which operates clinics in North Carolina and Georgia.

Abortion providers are taking precautions to keep patients and staff safe — but they can’t control what goes on outside their clinics. “If you were here, you would see an empty waiting room as most patients are in their cars to maintain compliance with social distancing,” said Georgia abortion provider Dr. Marissa Lapedis. Staff is performing as much of the intake and counseling process

over the phone as possible, even having patients pick up forms and return to their cars to fill them out. All but essential visitors must wait outside.

Medical workers are at particularly high risk for Covid-19 because of their close contact with patients. For most abortion providers, there's no one to fill in for them if they get sick. "There are so few abortion providers across the country, and there are many clinics who only have one doctor. If that doctor gets sick, or someone else on the staff gets sick, that could cut off access for an entire population, in some cases an entire state," said Ushma Upadhyay, an associate professor of reproductive science at the University of California, San Francisco.

The political environment in many states makes it difficult for abortion providers to live in the communities they serve. "It's hard to convince folks to sign up for the job when they're going to have people standing on their lawn and at their kid's school protesting," said Dr. Jamila Perritt, a D.C.-based abortion provider. As a result, many providers travel across state lines to provide care, and coronavirus-related travel disruptions could leave large populations with drastically reduced access to abortion.

Lapedis said that existing abortion restrictions are also putting patients at undue risk during the pandemic by requiring them to have more contact with clinic staff than necessary. For example, 14 states, including Texas, Ohio, and Mississippi, have a waiting period for abortion and require in-person counseling before that waiting period begins, meaning patients must take two trips to the clinic. "Medically unnecessary restrictions on abortion care, especially mandated waiting periods and additional clinic visits, pose a public health threat," she said.

In many states, a delay of a few weeks or months could easily put a patient past the legal limit — not to mention force them to remain pregnant when they don't want to be. Abortions done later in pregnancy are also more costly and difficult to obtain. "As health departments are figuring out how to manage this pandemic, I cannot say enough times that abortion is essential health care. It's time-sensitive," said Perritt.

For many patients, telemedicine could be a helpful alternative to in-person abortion care. However, despite evidence that telemedicine provides a safe form of early abortion, regulations often stand in the way. There are 18 states that ban telemedicine abortion. Even in states less hostile to abortion access, patients can have a telemedicine consult but must physically go to a clinic or doctor's office to get the pills because mifepristone, one of the drugs involved in the FDA-approved medication abortion regimen, is regulated under a drug safety program called Risk Evaluation and Mitigation Strategies (REMS). Under REMS, prescribers of mifepristone must be registered with the drug's manufacturer, stock the pills in their office, and dispense them directly. Experts have long decried this regulation as excessive.

Medication abortion is FDA-approved for use up to 10 weeks gestation, though research indicates it can work safely after that point. In a large study of abortion complications, Upadhyay and her colleagues found that complications occurred in less than one-third of 1% of medication abortions. When asked if the FDA would consider relaxing REMS to enable telemedicine abortion, an agency spokesperson pasted text from its own website that said REMS "are necessary for mifepristone when used for medical termination of early pregnancy in order to ensure that the benefits of the drug outweigh its risks."

“If we were talking about a public health response to this kind of crisis, then absolutely that would involve removing the REMS because they are not grounded in evidence,” said Perritt. Lack of access to in-clinic abortions, she said, will likely lead people to order pills online without a prescription and self-manage their abortions at home. Though several states have laws that criminalize self-managed abortion, it does happen — one study found that in 2014, 1.3% of survey respondents reported ending a pregnancy on their own using pills. People increasingly turn to the internet: During a 10-month period, the online service Women on Web received over 6,000 requests from the U.S., the majority coming from states where abortion access is most restricted. Many abortion providers support direct access to abortion pills, though they would prefer patients to be able to self-manage their abortions with clinical support. (Yet another obstacle: The pills found online are usually sourced from India, and with India on lockdown, that supply could dry up.)

“These are the same medications that people would get in the clinic. They’re safe, they’re effective,” said Perritt. “The real concern is not whether they’re able to do it safely, but the risk of prosecution for communities that are historically marginalized and disconnected from health systems.”

No matter what, Perritt said, clinics need to stay open. “We know that people seeking abortion care often prefer telemedicine. But some people will always need and want clinic-based care,” she said. “With politicians making rules about who can access abortion care, people are in a panic. They don’t know if that care is going to be there tomorrow, or next week, or next month, when they need it.”

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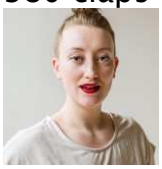

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