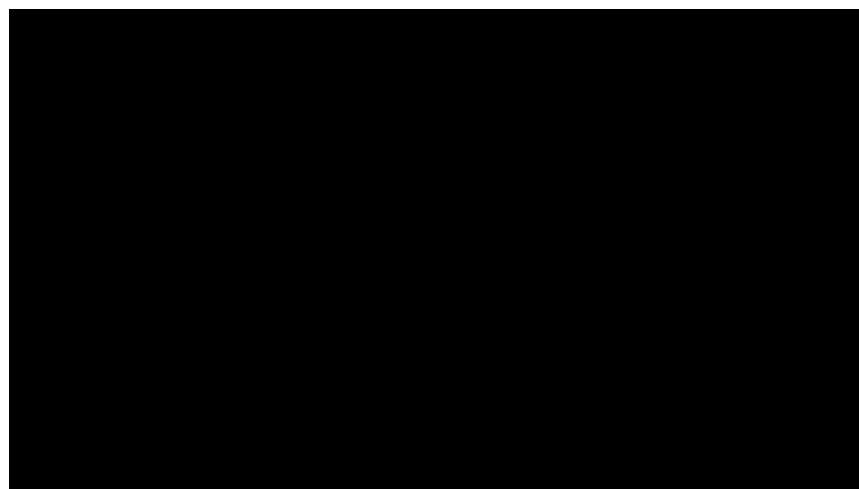


Coronavirus Could End Abortion Access in Some Parts of the U.S. Here's Why.

Many clinics in states where abortion is under attack fly in abortion providers. The pandemic has left them scrambling.

By **Valerie Kipnis**

Mar 23 2020, 1:50pm [Share](#) [Tweet](#) [Snap](#)



When women seek an abortion at Oklahoma City's Trust Women clinic, they see

a doctor who has flown in from out of state.

It's a relatively common setup for clinics in states where abortion and providers are under attack to work with out-of-state providers passionate about women's right to abortion.

But as the coronavirus pandemic spirals out of control in the U.S., providers are facing a very tough choice: risk their own health and potentially the public's by flying, or risk leaving patients in places like Oklahoma City without the ability to get an abortion.

"If providers are not able to travel to Oklahoma, patients may effectively not have access to abortion care in certain circumstances," said Dr. Anuj Khattar, who travels from Washington state to perform abortions at the Trust Women clinic. This month he's not sure he'll be able to make it.

"I feel really torn emotionally. I have not made up my mind yet," he said. "It could be weeks, months, or even a year," he said.

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Coronavirus is threatening abortion access, particularly in states that already have aggressive limitations, by preventing doctors from traveling and, in Ohio and Texas, by state orders that have now classified surgical abortions as "nonessential" during the epidemic.

It's already challenging to access abortion in much of the country. Six states are down to just one abortion clinic, and 43 states prohibit abortions after a certain point during a pregnancy. Seventeen ban the procedure at viability, or the point in which a fetus can sustain life outside of a womb.

"This is really highlighting the disparities that women across the U.S. have to deal with."

At clinics like Trust Women in Oklahoma City, the providers rotate, traveling in for days at a time. But that kind of set-up that's made abortion care more

available in some states is being made nearly impossible by the novel coronavirus.

“There’s tension coming from a lot of different areas: Will the doctors be able to travel? If they can't travel commercially, will we be able to fly them privately? What happens if they themselves get sick?” Julie Burkhart, the founder and CEO of Trust Women, told VICE News.

Burkhart’s organization operates the clinic in Oklahoma and another in Kansas, relying on a staff of 13 abortion-care providers. Every single one of them flies in from out of state.

At the moment, the two Trust clinics are still meeting patients’ needs. Burkhart said everyone who enters the clinic has to first get their temperature taken. People accompanying patients are asked to sit outside, so the waiting room is emptier than usual. Contact between physicians, patients, and staff is minimized.

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Dr. Glenna Martin, a primary care physician also from Washington state, just started traveling to a Whole Woman’s Health clinic in Texas to provide abortions last month. She was scheduled to fly into Texas this week but cancelled her travels out of fear of abandoning her patients in her primary facility — as well as potentially carrying the virus from a major outbreak zone to pregnant women.

“It’s been really personally heart-wrenching to have to make all these decisions and weigh all these different factors because we really should not have to,” Martin said. “We [doctors] should not be put in the position of deciding between my own health and safety and my patients here in Seattle versus providing abortion care for patients in Texas.”

In one state, this decision has already been taken out of providers’ hands. Ohio General Attorney Dave Yost issued an order on Friday to close all abortion clinics in the state, declaring them “nonessential” surgery. Planned Parenthood responded saying that the clinics were in compliance with the Ohio Health

Department's previous order, which banned all "nonessential and elective surgeries" and would continue providing essential services including surgical abortion. If the order is enforced, it would make getting a legal surgical abortion impossible in the state of Ohio.

What medical procedures are deemed essential or nonessential is largely being determined by the individual states. Yost's order came days after the American College of Obstetricians and Gynecologists issued a statement saying that abortion is in fact essential, and "a time-sensitive service for which a delay of several weeks, or in some cases days, may increase the risks or potentially make it completely inaccessible. The consequences of being unable to obtain an abortion profoundly impact a person's life, health, and well-being."

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Burkhart, meanwhile, has been scrambling to find backup doctors in the event that her staff providers aren't able to fly to Oklahoma City. She's also talking to attorneys about the possibility of asking the courts to put a stay on telehealth abortion bans, which are illegal in Kansas and Oklahoma. (In both states, appellate courts have ceased all but emergency operations until further notice, due to COVID-19 worries.)

"How are we going to keep seeing patients? That's my number one priority," said Burkhart.

She's found four doctors who are willing to step in to provide abortion care if someone from the current roster gets sick or is unable to travel. But these four potential physicians would also be traveling to the clinic, and onboarding an out-of-state physician can take anywhere from weeks to up to a year. "We're asking our physicians who are onboarding themselves to ask their specific boards to put a rush on their applications," Burkhart said. "Otherwise we may not be able to provide essential services in time."

Dr. Martin is infuriated by two pieces of Texas legislation that she says are compromising care during the pandemic. First the state law that requires all women seeking an abortion to have at least two visits to the abortion facility 24 hours apart. "It feels like the antithesis to considering safety in a pandemic: We are trying to decrease contact, and yet there are these restrictions that are

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mandating women to come in twice for one procedure,” Martin said.

And then there’s the ban on telemedicine abortions, which would allow providers to prescribe abortion-inducing medications to women in their first trimester of pregnancy. “I would have been very willing and happy to do telemedicine remotely and was reminded that this is not an option still, which is frustrating,” she said.

Ultimately, Martin wondered why during a pandemic “we are changing protocols in other medical fields, but we can’t adjust these political limitations for abortion care.”

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Asked what she feared might be the worst-case scenario for abortion access in Texas, Martin seemed resolute in her response. “Abortion clinics have become very skilled with dealing with insurmountable challenges. I want to remain optimistic.”

The founder of the Texas clinic Martin works at, Whole Woman’s Health, embodies that spirit.

Amy Hagstrom Miller runs eight clinics in five different states, and the offices in Texas and Indiana rely on doctors flying in from coronavirus hotbeds like Washington, California, and New York. She said abortion providers are uniquely positioned to find a way to continue providing care, having dealt with “abortion interference” for decades.

“We are used to adapting to unforeseen circumstances, which has put us in a position to think of innovative methods in order to stay open,” Hagstrom Miller said.

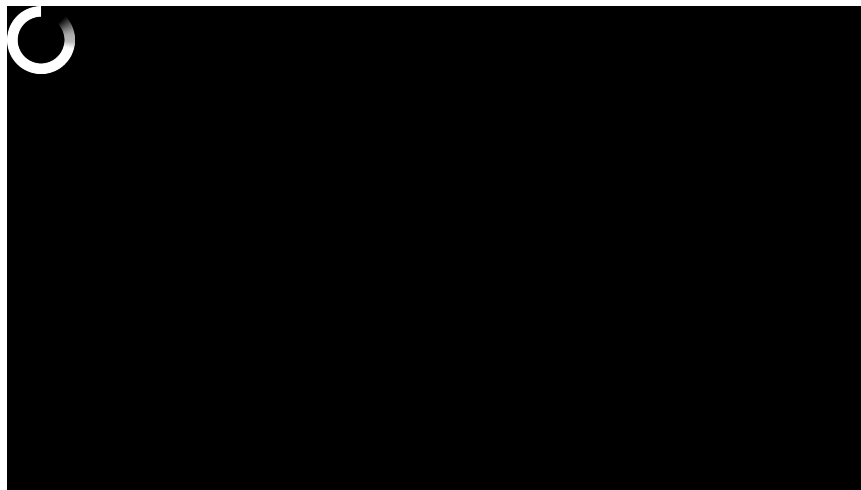
To reduce contact between patients and staff, her clinics are staggering appointment slots, reducing volunteers and medical student trainings, using virtual counseling services, having front-desk staff work from home, and potentially offering a live-chat option on their website. Hagstrom Miller said doctors are planning to drive across state lines rather than fly, and in some cases are temporarily relocating to serve the clinics.

“We’ve had a couple of really heroic things happen,” Hagstrom Miller told VICE News. “We have one doctor from California that is on her way to Austin, Texas, who will live there for an extended period of time.”

So far, none of Whole Woman’s Health Services have been interrupted. But Hagstrom Miller is still working on ensuring care is available in the next few weeks. “In April, some of our days were covered by doctors coming from Washington, California, and New York — they have cancelled their sessions,” she said. “We are in the process of covering those shifts by doctors who can travel.”

Dr. Khattar pointed out that the pandemic is spotlighting the fragility of abortion access for women in states with significant abortion restrictions, as compared to those without.

“This is really highlighting the disparities that women across the U.S. have to deal with,” Dr. Khattar said.



Cover: Trust Women South Wind Women's Center is pictured in Oklahoma City, Friday, Sept. 16, 2016. (AP Photo/Sue Ogrocki)

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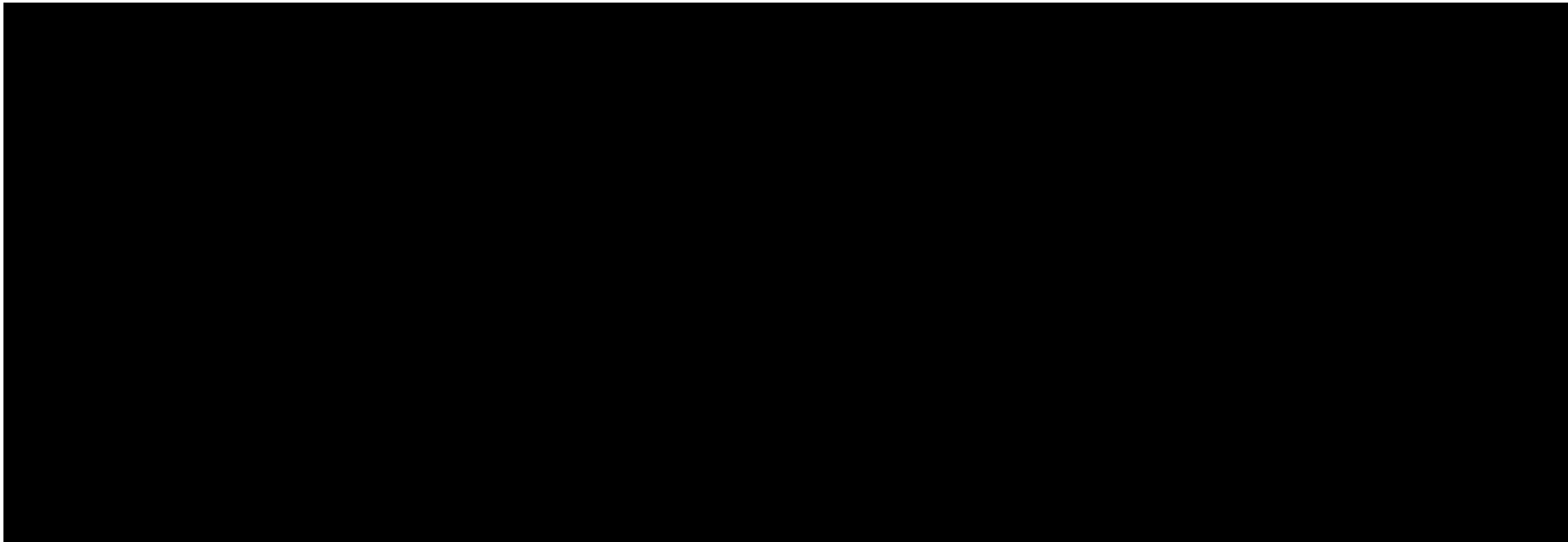
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“This interferes with medical ethics. This definitely feels really unethical for the state to require us to say these things.”

By **Carter Sherman**

Feb 13 2020, 8:57am [Share](#) [Tweet](#) [Snap](#)

When Dr. Meera Shah meets a patient at her South Bend, Indiana, abortion clinic, she’s legally required to tell them that life begins at conception. She must tell them that fetuses can feel pain at or before 20 weeks. And she must tell them abortions carry many risks — up to and including death.

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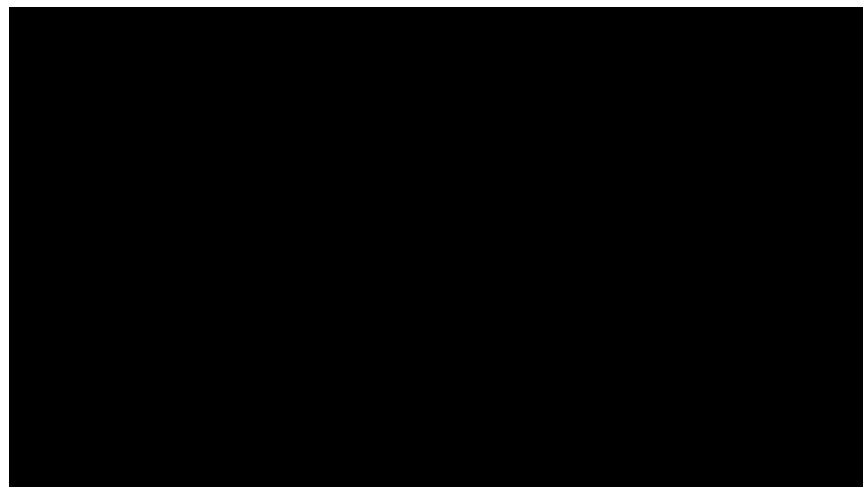


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The court is hearing arguments Wednesday on an abortion case that could gut Roe v. Wade.

By **Carter Sherman**

Mar 2 2020, 8:52am [Share](#) [Tweet](#) [Snap](#)



The Supreme Court will hear arguments in the nation's biggest abortion case in years this week, in a showdown that could not only force abortion clinics across the country to close but also decimate activists' ability to sue over restrictions.

The case, *June Medical Services v. Russo*, is the first time the Supreme Court

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