

HEALTH & FITNESS

What It's Like to Provide Abortion Care During a Global Pandemic

BY DANIELLE CAMPOAMOR

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Photo-illustration by Ivana Cruz. Photo: Getty Images

Dr. Jen Villavicencio, an ob-gyn and abortion provider in Michigan, sits six feet away from her husband in her living room after another grueling shift. In a small corner by the door lie her work clothes, which she took off as soon as she got home and before immediately showering. She no longer kisses her husband, touches her husband, or sleeps in the same bed as her husband. They use separate bathrooms and try not to occupy the same room at

the same time, and she no longer goes into their kitchen. As the coronavirus pandemic worsens, this is her new normal.

“I don’t think I could ever forgive myself if I transmitted it to him,” Villavicencio tells *Vogue*. “So I’m doing everything I can to keep him safe.”

Villavicencio works at an outpatient clinic affiliated with a local hospital, so she provides a wide range of reproductive-health services. “Today, in my clinic, I saw someone who is 39 weeks [pregnant], 35 weeks [pregnant], counseled someone about a C-section, saw a non-pregnant patient for abnormal bleeding, another patient for an IUD, and then I did a medication abortion,” she says. “When I’m on labor and delivery, I’m primarily delivering babies, but occasionally when someone comes in with an emergency—they’re bleeding or infected—and they need an emergency abortion, I can do that as well. I also go to other clinics that are not affiliated with my hospital and provide abortions.” In two weeks, Villavicencio will begin what she and her coworkers have labeled the “COVID schedule”: Doctors are split into two or three teams; one team will be on for two weeks straight, come off, and then another team will come on. “What that allows for is if you get sick, you can be quarantined for the two weeks that you’re off,” Villavicencio explains. “And there are also people waiting in the wings if someone gets sick during a shift.”

Like many health care workers, Villavicencio is feeling the strain COVID-19 has put on our health care system. But as a doctor who also provides abortions, she’s also facing another particularly inhumane challenge: an onslaught of attacks from GOP politicians who are attempting to use a global pandemic to ban abortion care and impede her and her fellow providers’ ability to treat patients. Currently, Republican governors and attorneys general in Ohio, Mississippi, Texas, Iowa, Alabama, and Oklahoma are attempting to halt abortion services, claiming doing so will free up necessary personal protective equipment and hospital beds. (Many have cast doubt on this argument.) Texas attorney general Ken Paxton issued a temporary ban on any abortion in the state not medically necessary to save a

mother's life or health—a draconian move quickly challenged in court. A federal judge halted the ban, then, less than 24 hours later, the Fifth Circuit Court of Appeals reinstated it.

“I cried when I heard about Texas,” Villavicencio says. “I talked to a friend of mine who [practices] there, and they had to cancel hundreds of patients’ appointments when that rule came down. Some had fetal abnormalities that were at the legal limit, and now, because somebody decided on a whim to score political points, these patients are being forced to continue pregnancies that were never going to survive and be healthy. I just can’t imagine being in that position.”

Dr. Bhavik Kumar, a board member at [Physicians for Reproductive Health](#) and medical director at [Planned Parenthood Gulf Coast](#), doesn’t have to imagine. Kumar has been an abortion provider in Texas for more than five years and has witnessed the damage politicizing abortion care has done to pregnant people and their families. Now, amid a public-health crisis and uncertainty exacerbated by GOP leadership, Kumar is bearing witness to a heightened level of urgency in patients.

“Folks are feeling nervous and anxious,” Kumar tells *Vogue*. “I am most worried about making people feel safe and comforted. My patients and our staff are all facing new challenges and lots of uncertainty during this pandemic. As a physician, I pride myself on making people feel better, including the amazing people I get to work with every day. Unfortunately, that has become much more difficult to do when there is so much uncertainty around us.”

In [Texas, abortion is](#) banned past 20 weeks gestation (unless the mother’s life is threatened or the fetus has a severe abnormality), and patients must sit through mandatory counseling within 100 miles of the abortion provider and wait 24 hours after counseling before having an abortion. And since [96% of counties in Texas do not have a clinic that provides abortion services](#), these barriers to care already create undue burdens that in the face of COVID-19 have been exacerbated exponentially. According to a [recent study published by the](#)

Guttmacher Institute, if legal abortions in Texas were ended, the average number of miles a woman would have to drive for an abortion would jump from 12 to 243—a 1,925% increase. If abortion were shut down in Iowa, a patient would have to drive an average of 139 miles. In Oklahoma, 155 miles.

“People will always need access to abortion care, even during a pandemic,” Kumar says. “Unfortunately, that access is already seriously limited and overregulated. The addition of navigating this global pandemic and our state officials specifically targeting abortion care reminds me that those of us who are trained and expert in providing abortion care must show up in this moment for those who need us.”

Abortion providers *are* showing up, despite the increased risk to their health and well-being. So-called pro-life protestors are defying shelter-in-place orders and continuing to harass patients and providers outside of clinics, adding another risk of exposure to the everyday stress these health care providers have grown accustomed to navigating. And since there is a shortage of providers in the country—one 2012 survey of 1,800 ob-gyns found that just 14% provided abortions, even though 97% had patients who sought the service—there is a heightened sense of obligation felt by those who do this work. Simply put, if they don’t show up to provide abortion care, no one else will, and their services are needed now more than ever.

“People have been very scared when they’ve called us,” Dr. Diane Horvath, an ob-gyn and abortion provider in Baltimore, tells *Vogue*. “We get multiple calls a day from people who wonder if we’re open, who are worried that their abortion is going to be canceled. We’ve had a bunch of people call to reschedule to a sooner appointment because they’re concerned about where things are going in the next two to four weeks, and they want to get in as soon as they can.”

Like so many healthcare providers, Horvath has had candid conversations with her husband about her health and safety as she continues to provide abortions. “I’ve had a few really

frank discussions with my partner about if one of us, or both of us, got sick,” she says.

“We’ve talked about death. And I asked if he needed me to try and find another place to stay, and I offered to try to find another place to stay. But we decided that this is the life we’ve made together, and we’re going to be by each other’s side and get through this the best we can. I think, especially now, we need each other more than ever.”

So much regarding COVID-19 and its social and financial ramifications remains unknown. But what is known is what happens to pregnant people and their families when they’re denied wanted abortion care: They’re more likely to face financial hardship, more likely to experience pregnancy complications, and more likely to experience depression, and the children they already have are more likely to suffer. It is this knowledge, even amid so much fear and uncertainty, that propels abortion providers to do what they’ve always done: Show up, fight for, and care for their patients.

“My mom called me yesterday, and she begged me—begged me—not to go to work,” Villavicencio says. “She said, ‘Please, tell them I’m sick. Tell them you’re sick. Tell them you can’t go. They’re going to need doctors when this is over, and I can’t lose you.’ And I was sobbing because it’s not easy for me to go to work—I’m scared. I’m scared of hurting my family. I’m scared of hurting my husband. I’m scared of hurting other people.”

“But I got into medicine because of my desire to help people, and I specifically got into obstetrics and gynecology and abortion caregiving because it’s a moral duty,” she continues, her voice cracking. “I am compelled by the deepest part of my soul to help people in times of need.”

And right now, like always, people need abortions.

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