

**CORONAVIRUS**

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I Traveled To Texas During The Pandemic To Provide Abortion Care. Here's What I Saw.

Closing clinics, banning telehealth and enforcing waiting periods is dangerous and burdensome at any time, but especially during this pandemic.



Glenna Martin, M.D., M.P.H.
Guest Writer



COURTESY OF WHOLE WOMAN'S HEALTH



As I flew out of [Texas](#) in February, I never imagined the tragedy and upheaval that would take place before I was able to return eight weeks later.

I travel monthly from Seattle to Texas to help provide abortion care. But at the end of March — as the [coronavirus](#) pandemic was ramping up — Republican Texas Gov. Greg Abbott issued an [executive order](#) halting such care, deeming it nonessential — an order reinforced by the state's attorney general.

My anguish warred with my outrage as I thought of all the patients going through a mandated but medically unnecessary day of ultrasound and counseling 24 hours before their abortion only to be told that, because of this order, they would not be able to obtain an abortion the next day or in the days following.

Abortion care *is* essential health care that cannot be delayed. Though parenting should be a choice, once a person decides to pursue an abortion, it becomes medically necessary. When facing unwarranted delays, care becomes more complex for patients to coordinate and more expensive.

Despite all the legal battles creating emotional and logistical challenges over the weeks after the virus began to spread, a federal appeals court offered a beacon of hope that we would at least be able to provide medication abortion — something that I could have provided over a telehealth visit from my home in Washington if Texas didn't already have a ban in place preventing abortion specifically via telemedicine.

On April 21, [the governor issued a new executive order](#) that allowed surgical abortions to resume at our clinic if some additional measures were agreed upon. The details were up to our administrative and legal teams, which would allow me to focus solely on my clinical care of patients.

So when I was due to travel to the clinic at the end of April, I knew that I would go, despite the potential risks to my own health. There were no local providers available for the week I was scheduled to work because of years of medically unnecessary laws regulating abortions (known as TRAP laws, for targeted regulation of abortion providers), as well as the hostile environment for physicians offering care.



One woman told me, ‘I’m so glad you all are open again, I was going to have to travel to Colorado or New Mexico.’ I shared that I was glad also, that I knew of folks who had gone as far as Iowa to obtain care.

The vast majority of patients who came to the clinic in April ended up obtaining the medication to have a medical abortion — likely in part because of what happened in the courts during the previous weeks and because it was the only option available at the time. Under the latest executive order, the only difference was that when I diagnosed a pregnancy beyond 10 weeks (the limit by law for a medical abortion in Texas), I could offer the surgical option rather than having to turn someone away.

Basically, messaging in April about abortion services available in Texas seemed just as murky as that about protective measures against the coronavirus. The Seattle airport was relatively deserted, but a disturbing majority of people traveling were not wearing masks. The airport PA system rang out with frequent social distancing reminders for groups of people who were huddling together and forming close lines, as though we were all going on vacation together.

I am the only person in my friend circles who traveled during this time. I started texting group threads: “I’m worried I’m traveling with people who don’t believe a pandemic is happening.” Everyone wrote back with words of encouragement, and I felt a surge of support and solidarity.

Upon landing in Texas, I was warned of a mandated 14-day quarantine. I had a letter explaining I was an essential worker, which exempted me from the quarantine, but was still told I had to fill out a form with the address of where I’d be staying while in Texas. This all felt as if it contradicted the recent announcement from the governor that the state would be reopening.

I woke up the next morning to a beautiful, hot and sunny Texas day — a stark contrast to the weather back in rainy Seattle. The few moments I had outside would be the only time I’d think about something as mundane as the weather.

When I arrived at the clinic, I was greeted by staff wearing masks, and I had a sense of unease about the certainty of providing abortion care. “We have 45 patients scheduled



as they usually do, is there any way I can get the abortion pill today so I don't have to come back?"

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I wish I could have given them a different answer. But the arbitrary 24-hour waiting period remains a requirement, even though patients often have to travel to the clinic, take time off work, find child care and, now, risk exposure to an ongoing public health threat. Closing clinics, banning telehealth and enforcing restrictions like these waiting periods is dangerous and burdensome at any time, but especially during this pandemic.

One woman told me, "I'm so glad you all are open again. I was going to have to travel to Colorado or New Mexico." I shared that I was also glad and that I knew of folks who had gone as far as Iowa to obtain care.

"I just want this to be done," said another patient whose care had already been delayed in prior weeks by the ban on abortion procedures.

By the end of the long day, no new bans had been put in place, and I felt relief that we would be able to provide care the following day without any political barriers.

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This trip — and each time I make the journey — I'll be left wondering if it will affect my health in any way. But I know one thing — abortion care is, and always has been, essential care.



loud. I heard because of everything that is going on — or the current situation — multiple times.

Patients listed the names of the places they were employed, often writing “before the pandemic” in the margins — the uncertainty of their future frightfully clear to them.

One patient cried, a tear rolling from her cheek to her surgical mask and down to her chin. She told me, “I thought I was really careful. I’m so sorry to have to be here. Thank y’all for being so nice.” I responded, “I’d typically offer you a hug, and I’m really sorry I can’t right now. But I hope you can be as kind and gentle to yourself as you would be to a best friend in this situation.”

We saw 32 patients on my last day at the clinic. As in the days prior, I emphasized that their decisions and care plans sounded right and reasonable. “We trust that you are the expert in your life,” I told my patients. It’s a common refrain I rely on when someone walks me through their expected schedule or child care plans. More than usual, patients were comforted to know they could call the clinic anytime if they had questions.

After getting only a glimpse of my patients’ faces over those three days because of their masks, I wondered if my eyes showed when I was smiling or expressing concern, as I hoped they were. I always wear yellow rose earrings when I’m in the clinic, but relied on them more to carry my identity over each day. My socks — which were decorated with hedgehogs — were a frequent topic of conversation and led to a few lighthearted discussions.

The unpredictability of travel then and now has also been challenging and a focus of concern as I decide whether or not to travel. My direct flight home was canceled, and finding a route back to Seattle without at least a three-hour layover proved impossible. Luckily, I was able finally to arrange a journey back so that I could continue to care for my local community, where I am a primary care physician.

As my plane took off, I could see the sparsely occupied airport parking lot out the window — at least the cars were social distancing. I secured my mask with its blue polka-dotted ribbon and the heart-shaped buttons one of the staff at the clinic made to help relieve our ears of the discomfort of ear loops. I found myself tearing up with gratitude, recalling the stories of the past three days, the hard work of the staff and the support of my friends and colleagues.

On this trip — and on each journey I make — I’ll be left wondering if it will affect my health in any way. But I know one thing for sure: Abortion care is and always has been essential care.



Clinics across the country remain open. It is important to check websites and/or call ahead to see what protocols may be in place as they adjust to conditions with the pandemic.

Dr. Glenna Martin is a family physician in Seattle, an abortion provider with Whole Woman's Health in Texas, and a member of Physicians for Reproductive Health. You can find her on Twitter at [@DrGlennaMartin](#).

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