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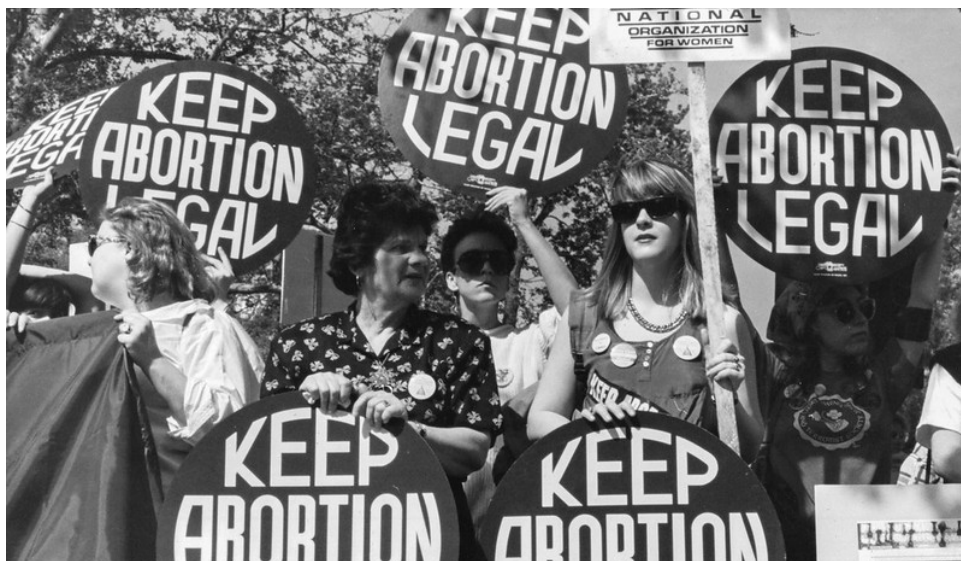
"Abortion is Not Elective": Midwest Reproductive Health Care During a Pandemic

4/17/2020 by **ABBEY HARDY-FAIRBANKS** and **CHRISTINA BOURNE**

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"Every person who makes the decision to have an abortion encounters adversity—cost, travel, childcare, insurance coverage, stigma, protestors and the list goes on. But these barriers became walls in recent weeks." Pictured: Pro-choice demonstrators outside the Supreme Court in 1989, Washington DC ([Lorie Shaul](#))

Last weekend, like many weekends before, we traveled from our respective home states to Kansas to provide abortion care. A typical weekend is very busy, and we stay late to ensure everyone is seen and treated with respect, compassion and evidence-based care.

This weekend was different. Amid a pandemic, several state anti-abortion governors and attorney generals opted to use executive orders to [restrict abortion to draconian levels](#) in the name of stopping so-called "elective" procedures and preserving personal protective equipment (PPE).

This is at odds with the [recommendations](#) of the American College of Obstetricians and Gynecologists and six other national medical organizations, who unequivocally state that abortion access is essential, timely and necessary especially during this pandemic.

The state restrictions are nothing more than veiled political maneuvering at the expense of thousands of women, their partners and families. For [Trust Women Wichita, Kansas](#), the state orders mean they are the closest clinic to receive abortion care for people in Oklahoma and Texas, which meant this weekend at Trust Women was decidedly different than any other.

Most patients we cared for had been seeking abortion care for at least two to three weeks, with multiple clinic appointments cancelled due to restrictions. Several of these patients would have been able to have a [medication abortion](#), but due to the delays, were no longer eligible.

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One patient had appointments at three clinics before making it to us, but they were all cancelled due to state government restrictions of abortion care during the coronavirus. Each time she got to a clinic, her appointment was cancelled—and as her gestational age increased, the possible places for her to go to receive care narrowed.

Here at *Ms.*, our team is continuing to report through this global health crisis—doing what we can to keep you informed and up-to-date on some of the most underreported issues of this pandemic. **We ask that you consider supporting our work to bring you substantive, unique reporting—we can't do it without you. [Support our independent reporting and truth-telling for as little as \\$5 per month.](#)**

Many drove nine to eleven hours from [Texas](#), or slightly less from Oklahoma.

One immigrant family was trying to get health insurance, but due to all immigration processes being halted, they opted to interrupt their pregnancy.

One patient tried to get a contraceptive implant but couldn't because all of her local providers were not currently seeing patients. She found out she was pregnant and drove the seven hours to seek abortion care.

One woman had a contraceptive implant, but after it expired, she could not find a gynecology office who would replace it because they had cancelled all elective outpatient appointments.

Another had a scheduled sterilization procedure, which was deemed "non-essential" and was cancelled. She tried to make an appointment to be restarted on contraception, but that, too,



Several women were survivors of sexual assault. Many took planes to seek abortion care. Most of the women we saw recently lost their jobs, were furloughed or are working so few hours they can't make ends meet. All were terrified about how the coronavirus pandemic will progress and what it means for them.



"The state restrictions on abortion are nothing more than veiled political maneuvering at the expense of thousands of women, their partners and families."

Pictured: Stop Abortion Bans Rally in St. Paul, Minnesota, May 2019. ([Lorie Shaul](#))

What we worry most about—what keeps us up at night—are the those who are still in [Texas](#), Oklahoma and beyond who cannot afford a plane or a long car ride and thus will stay pregnant because their need for essential abortion care will go unmet.

Everyone is scared right now, and everyone is anxious. As a nation and planet, we are facing an invisible enemy, and each of our lives upended by it. Using a pandemic to restrict and stigmatize abortion is counterproductive, dangerous and preys on those in need of health care.

Health care providers are the experts in deciding what is and is not essential health care. We are bound by our ethical and

moral oaths to serve our communities—this does not stop during pandemic.

Abortion is not elective. Abortion is timely and cannot be delayed.

Every person who makes the decision to have an abortion encounters adversity—cost, travel, childcare, insurance coverage, [stigma](#), [protestors](#) and the list goes on. But these barriers became walls in recent weeks.

On our last day, we finished just in time to head to the airport. As we left, we received quiet waves from the clinic staff who were already busy answering continuously ringing phones with people seeking reproductive health care from around the country.

The struggle for reproductive health access will continue—despite the political leadership ignoring physician and medical organization collective recommendations that abortion care is essential medicine, abortion is timely and should not be delayed or cancelled, especially not due to the COVID-19 pandemic response.

We can attest that there is a profound negative impact on a person's life, health, family and well-being if they cannot access abortion care. Physicians of all specialties are working tirelessly both to treat patients who contract this virus and to act as a whole to work for the best interest of our community and public health.

As we saw in Kansas, abortion care will continue to be sought despite the restrictions. We demand that state leadership put their political goals aside, listen to our stories, focus on the medicine and public health recommendations of experts, and reverse decisions that make essential health care impossible to access.

The coronavirus pandemic and the response by federal, state and local authorities is fast-moving. During this time, *Ms.* is keeping a focus on aspects of the crisis—especially as it impacts women and their families—often not reported by mainstream media. If you found this article helpful, [please consider supporting our independent reporting and truth-telling for as little as \\$5 per month.](#)

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ABOUT ABBEY HARDY-FAIRBANKS AND CHRISTINA BOURNE

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