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Experts: Amid COVID pandemic, more patients travel to CT for abortions

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Planned Parenthood of Southern New England's health center on Whitney Avenue in New Haven, Conn.

Photo: Meghan Friedmann / Hearst Connecticut Media

At least two women have traveled from Texas to Connecticut to access abortion services this year, according to officials from the agencies that provided care to those individuals.

That's because Texas was among a handful of states that had restricted abortion access amid the onset of the pandemic, by naming it a non-essential procedure, which experts



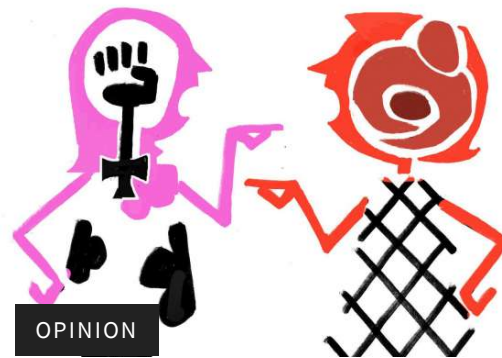
And while that pattern demonstrates how Connecticut laws protect abortion access, advocates say the pandemic also has exacerbated barriers to care affecting its own residents.

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One of the women who traveled from Texas obtained care at the [Hartford GYN Center](#), according to Roxanne Sutocky, director of community engagement for a network of independent clinics called [The Women's Centers](#), which includes the Hartford facility.

The woman, who had been living in Texas, chose to come to Connecticut because it was her home state and because she got “an incredibly cheap flight, which wound up being quicker and less expensive than getting in the car and driving” to the next-closest clinic, Sutocky said.

In seeking a medication abortion, the patient had to perform “logistical Olympics that no one should have to do to access simple medical care,” Sutocky said.

The woman wasn't alone.



Also earlier this year, another woman found that Texas' abortion restrictions brought her to Connecticut, according to Brittany Fonteno, chief external affairs officer for Planned Parenthood of Southern New England, which serves Connecticut and Rhode Island.



Planned Parenthood of Southern New England's health center on Whitney Avenue in New Haven, Conn.
Photo: Meghan Friedmann / Hearst Connecticut Media

The patient was in Connecticut but had returned home to Texas and planned to get an abortion, Fonteno said.

But the woman learned she couldn't access care at home, Fonteno said, and she flew to New Haven to get an abortion.

Crossing state lines



Given that surrounding states also protect abortion access, the occurrence isn't very common in PPSNE's service area, said Spurrell, who practices in Rhode Island.

But "we would never see a patient - ever - that came a distance before," he said. "There's a lot of anxiety around COVID ... that pushed people to do what they feel like they have to do."

Those patients' experiences could "parallel what happens should Roe (v. Wade) ever be repealed," Spurrell said.

A report from the Guttmacher Institute, an abortion rights research and policy organization, indicates 11 states attempted to limit abortion access via COVID-related orders. Those states included Arkansas, Alaska, Alabama, Iowa, Louisiana, Ohio, Oklahoma, Tennessee and Texas, as well as Mississippi, where services were able to continue despite the order, per the report.

As of July, all of those restrictions were no longer in effect or had been blocked in court.

But COVID limited access in other ways, too.



A COVID-19 sign inside Planned Parenthood of Southern New England's health center in New Haven, Conn. in Nov. 2020.

Photo: Contributed photo / Planned Parenthood of Southern New England

In regions with limited providers, Spurrell said, even one COVID-19 case at a single clinic can shut down services and severely limit care in the area, he said.

Moreover, traveling during a pandemic has its own challenges.

“Patients that come from those other states, they have to have a negative PCR COVID test or quarantine for 14 days,” Spurrell said, adding that the restriction, like all abortion restrictions, can delay care.

In Texas

The executive order limiting abortion access in Texas expired in late April, according to a CNN report.

Since then, most clinics have resumed operations, said Rosann Mariappuram directs Jane’s Due Process, a Texas-based organization that helps teens access abortion and birth control.



Texas Gov. Greg Abbott “issued an order that said all non-essential health care providers had to stop provision of care,” Mariappuram said, adding that state Attorney General Ken Paxton announced soon after that abortion services were included in that category.

Requests for comment placed with the communications offices for Abbott and Paxton were not returned.

However, Joe Pojman, executive director of the Texas Alliance for Life, defended the order.

“It was not targeted to abortion, and it was not a ban. It was a postponement for at most one month,” Pojman said. “We thought that the abortion providers needed to postpone those non-emergency procedures, just like everyone else.”

When the order was issued, according to Pojman, the state did not know how bad the pandemic would get and wanted to conserve personal protective equipment.

He also noted the courts upheld the restriction.

But Mariappuram said Texas’ order led to confusion as clinics tried to figure out whether they could legally provide care.

“People would get in for an ultrasound, and the next thing the clinic would hear something from the court or the governor that would make them think it wasn’t safe for them to provide [abortion care],” Mariappuram said.

Amid the confusion, more women opted to go out of state for care.

Between 80 percent and 90 percent of clients served by Fund Texas Choice, an organization that pays for Texans’ travel to abortion clinics, were crossing state lines for care in the early months of the pandemic, according to Charlotte Swain, the organization’s co-director of development and communications.

Typically, that number is between 30 percent and 50 percent, she said, noting that Fund Texas Choice did not send clients to New England.



Because it does not have enough doctors willing to perform abortions, for example, Texas relies on visits from out-of-state physicians, according to Mariappuram.

With the pandemic, some are not comfortable making the trip, she said.

Other impacts

On one hand, the pandemic shows that Connecticut is “fortunate” in terms of abortion access, said Gretchen Raffa, PPSNE’s senior policy director.

“Connecticut has a long, proud history of leading the country in reproductive health and rights advocacy and policy,” she said, adding that abortion was codified into state law in 1990.

If Roe were to be overturned, she said, Connecticut would have a “firewall.”

But even here, the pandemic has created challenges for clinics and exacerbated barriers to abortion access, according to Sutocky, the community engagement director from The Women’s Centers.

Barriers to care that directly affect patients include access to transportation and child care, Sutocky said, adding that they disproportionately affect those living in poverty, which in turn disproportionately affects communities of color.

And with COVID-19, both public transportation and childcare have become harder to access, she said.

Due to COVID-19, the Hartford GYN Center also had to revise protocols for the volunteers who escort patients past the protesters, according to Sutocky.

For Liz Gustafson, director of [NARAL Pro-Choice Connecticut](#), those issues signal that the state needs additional progressive legislation.

“Even before COVID, there are definite barriers that folks face, even here in Connecticut,” she said.



For patients trying to manage the logistics of getting an abortion, such advertising amounts to a barrier that delays care, according to Sutocky. She said she imagined it could make things even more difficult for patients like the one who traveled from Texas earlier this year.

“Abortion is a time-sensitive service, so even a delay of days or weeks can mean that the person can’t access the type of abortion they want or that they can’t access abortion at all,” she said.

Overall, Connecticut does protect abortion access, Gustafson said. But that allows advocates “to be on the offense and not just on the defense.”

Nationwide, according to the federal Centers for Disease Control and Prevention, 623,471 legal induced abortions were reported to the agency in 2016 from 48 reporting areas. The abortion rate for 2016 was 11.6 abortions per 1,000 women 15-44 years old, and the abortion ratio was 186 abortions per 1,000 live births, according to the agency. That meant, when compared with 2015, the total number and rate of reported abortions fell by 2 percent, and the abortion ratio decreased by 1 percent, the CDC reported.

According to the Guttmacher Institute, there was a 8 percent decline in the abortion rate in Connecticut between 2014 and 2017, from 19.2 to 17.7 abortions per 1,000 women of reproductive age.

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