

Virginia imposes stricter regulations on abortion providers

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A new Virginia law requires women's health clinics to comply with far stricter regulations. The change will effectively limit women's access to abortions and other gynecological care.

The new requirements were enacted August 27 by the state legislature and signed into law by Republican Governor Robert McDonnell. The rules are a product of an item included in the Virginia budget bill passed earlier this year which reclassified abortion clinics as hospital facilities. The law will go before the Virginia Board of Health for a final vote on September 15.

Highlighting the anti-democratic nature of the change, the law was passed using a fast-track "emergency" process which allows bills to bypass required public notice and comment periods traditionally allowed in cases where such legislation is being considered.

The change will impose onerous new regulations on abortion providers, such as a requirement to maintain hallways at least 5 feet wide. Rooms in which the procedures are to take place must be at least 250 feet in size. Clinics must allow for an additional 50 feet of janitorial space per room. Providers must also have separate scrub rooms and spaces provided for patients in case of overnight stays.

Many of these requirements are not necessary for abortion procedures, which are typically done on an outpatient basis. In instances where first-trimester abortions are performed, for example, the requirements to place scrub rooms outside procedure rooms are particularly dubious, as early abortions tend to be induced by pill and may not even require clinic admission.

Although abortion providers are already heavily regulated, the new requirements will serve to create higher regulatory hurdles for smaller clinics, like long-established medical practices and individual physicians' offices in older buildings. The Virginia Board of Health currently enforces such regulations for larger medical

providers, such as hospitals and outpatient centers.

The requirements would be highly cost-prohibitive for clinics, as well as carry the result of making the service more costly for patients.

Planned Parenthood, which provides reproductive health care and family planning services for tens of thousands of poor Virginia families, has warned that the rule changes could force the closure of 17 of the state's 21 clinics.

Though the discussion surrounding the legislation has centered on women's access to abortion, many other services for women, such as contraception and prenatal care, would also be curtailed. Many men would also be affected. Planned Parenthood provides cancer screenings and tests for sexually transmitted diseases for both men and women, and served 30,000 Virginians in 2010 alone.

While official claims are that the law was primarily aimed at the safety of the patients involved, the requirements would have the effect of limiting the number of women's health clinics already in existence.

Ted Miller, spokesman for Naral Pro-Choice America, spoke to ABC News saying that none of the 21 health clinics currently operating in Virginia would be able to meet the new regulations.

"Abortion providers are already the most regulated health care providers in the state, and abortion remains one of the safest medical procedures," Miller commented. "They're specifying what fabric can be used on window coverings, the ceiling height, how loud the air conditioning can be. What does this have to do with women's safety?"

Rosemary Coddling, administrator for the Falls Church Healthcare Center in Northern Virginia, believes the required changes in building structure will prove

unfeasible for the 1950s high-rise which houses the clinic.

“I’ve had engineers looking at the code to figure out how we can adjust, but I don’t know how we are going to manage,” she told ABC News.

Jill Abbey, who oversees several clinics in Virginia, told ABC News that the rules were not justifiable from a medical standpoint.

“Colonoscopies, dental surgery and plastic surgery are much more invasive than the abortions we provide, and they are not being asked to live up to this kind of strict regulation. That tells you right there that this is not about safety, it’s about politics.”

“My initial reaction to these laws is that Governor McDonnell is pandering to his political base, not that he’s concerned with the medical needs of Virginia’s women and their families,” Abbey said. “We’ve been providing safe, up-to-code abortions for over 30 years and these facilities have served us well.”

McDonnell, a vociferous opponent of abortion, will use the implementation of the law to stir up his Right-Wing religious base. Chris Freund, vice president for the conservative Family Foundation stated that the law was “biggest pro-life victory in Virginia in a decade.”

Similar laws have been attempted in Kansas but were turned back by a federal judge after a father/daughter practicing couple pressed charges on the ruling. Kansas only has two remaining locations which provide abortion services to women, after the assassination of Dr. George Tiller in 2009 by an anti-abortion fanatic.

In Arizona, the state legislature stripped nurse practitioners of their authority to administer pills to induce abortions. This change has effectively shut down abortion services at Planned Parenthood clinics across the state, leaving women in many areas—especially in low-income, immigrant communities—no choice but to travel hundreds of miles for care or to carry through with the pregnancies.

A measure being pursued in Texas would burden abortion patients and doctors with unwanted sonograms, forcing women to hear the fetus’s heartbeat and raising the expense of the procedure. The bill, which has the support of Governor and current Republican presidential frontrunner Rick Perry, was temporarily blocked August 30 by a federal judge, who stated it violated the First Amendment rights of women and their doctors.

On the Mississippi ballot is an item that seeks to redefine “person” as a human being from the moment of fertilization onward. If approved, the change would

criminalize abortions, including in cases of rape or incest.

The attack on abortion is of a piece with the general drive for austerity, and in particular the all-out offensive against government-subsidized health care programs for the poor.

As state and federal governments take on more debt from the financial sector and leave state residents to fend for themselves by axing social programs, socially regressive policies are used to divert popular anger and scapegoat vulnerable sections of population for the social crisis in America.

By cultivating a reactionary and disoriented electoral base and fracturing the working class politically, the Republican Party in particular is instrumental in carrying through draconian cuts to living standards demanded by the ruling class as a whole. For this reason, although many of the bills presently under consideration will be subject to legal challenges, the pursuit of such restrictions must serve as a warning to the entire working class—a majority of which resoundingly supports the right to abortion.

Notwithstanding the democratic will of the people, however, access to abortion is increasingly scarce across the country. Some 87 percent of US counties, and fully 97 percent of rural counties, lack a single abortion provider. According to a recent survey of women’s health care providers conducted by the University of Chicago, only 14 percent of gynecologists provide abortion care, yet 97 percent of them report encountering patients who request the procedure.



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