

For one in four US women: Nearest abortion facility over 30 miles away

Zaida Green
6 October 2017

The minimum one-way travel distance to the nearest abortion facility for 27 percent of US women is over 30 miles, according to a study published in the *Lancet* on Tuesday. In six states, the minimum median average travel distance exceeds 50 miles. In three states—Wyoming, North Dakota and South Dakota—at least half of women of reproductive age lived more than 90 miles from the nearest abortion care provider.

Ninety percent of all US counties lack any abortion facility, and 39 percent of women of reproductive age live in those counties. In 39 states, at least 1 in 5 women lived more than double the median average distance away from the nearest abortion facility. In 26 of these states, these women would have to travel more than 50 miles to reach their nearest abortion facility; in nine states, the minimum one-way travel distance for these women exceeds 100 miles.

The study, conducted by the not-for-profit Guttmacher Institute, which advocates for reproductive health care access, is the first to examine spatial inequality in access to abortion services on a national scale.

Changes in accessibility have followed mass closures of abortion facilities since 2011—at least 162 providers have stopped offering abortions or shuttered entirely following 338 state-level abortion restriction laws enacted since that year, mostly in the Midwest and South. For example, in Texas, after the introduction of abortion restriction legislation in 2013 that resulted in the closure of 22 of the state’s 41 abortion facilities, the number of women who would need to travel more than 50 miles to an abortion care provider increased from 10 percent to 44 percent.

The study’s authors note that their data does not take into account other barriers to abortion access, such as the incapacity of a resource-strapped facility to meet

local demand, or state laws that force women to make the trip twice by mandating in-person “counseling” sessions with providers followed by waiting periods of a day or more.

Fifty-seven percent of women of reproductive age live in a state classified by the Guttmacher Institute as either hostile or extremely hostile to abortion rights. Seven states—Kentucky, West Virginia, Missouri, Wyoming, South Dakota, North Dakota and Mississippi—have only one remaining abortion provider. For many women, the only way to receive an abortion in a timely manner is to travel to a facility in another state.

The authors limited their analysis to providers that publicly acknowledge that they provide abortion services. With the exception of one stand-alone clinic, all non-public providers were either hospitals or physicians’ offices. The authors also redacted the locations of some public lower-volume facilities, defined by the Guttmacher Institute as performing fewer than 400 abortions annually, due to concerns over the providers’ safety. Some 84 percent of abortion providers have reported receiving anti-abortion harassment, and 3 percent reported receiving bomb threats. Anti-abortion theft, vandalism and arson have driven some providers into financial ruin, forcing them to cease providing abortion care or close permanently.

Over 99 percent of the non-public abortion providers known to the Guttmacher Institute are located in urban areas. Even if these providers publicly advertised their services, they would still be inaccessible to many poor and working women living in rural areas.

“Poor and low-income women and those who live in rural areas are often hit hardest by state restrictions that exacerbate long-standing inequalities in abortion access,” said Megan Donovan, Guttmacher policy

expert. Targeted Regulation of Abortion Providers (TRAP) legislation imposes onerous requirements that make it difficult or impossible for providers to stay afloat.

These laws mandate hefty staffing requirements that are too expensive for most clinics to maintain. These include requirements that physicians have admitting privileges at a local hospital, which may deny granting these privileges on religious grounds, and costly and unnecessary facility modifications so that abortion providers can double as ambulatory surgical centers. Other state restrictions include banning insurance coverage of abortion care, and banning the use of state funds to provide abortion care except in cases where the woman's life is in danger.

Jonathan Bearak, lead author of the Guttmacher study, points to social pressure as another factor deterring providers from offering abortion care. "Not just the patients, but the doctors are affected by stigma," Bearak told NPR. Local physicians' fears that providing abortion care would negatively impact their medical careers compel some facilities, such as the Planned Parenthood Sioux Falls clinic in South Dakota—the state's only abortion clinic—to fly in out-of-state doctors on rotation.

"I've been told by a supportive physician here that basically, providing abortions for a South Dakota physician in Sioux Falls would be 'career suicide,'" Dr. Carol Ball, one of the four doctors practicing at the Planned Parenthood clinic, told NPR, adding, "the feeling is that there would be consequences to their practice."

The attacks on abortion rights have been seized upon by the American ruling elite to spearhead the assault on health care infrastructure as a whole. Abortion-providing facilities that receive public funding serve as vital providers of health care for low-income workers and young people, especially those dependent on publicly funded health insurance. These facilities offer a range of vital services that would otherwise be inaccessible to many workers and young people, such as cervical and breast cancer screenings, contraceptives, comprehensive sex education, and prevention and treatment of sexually transmitted infections (STIs).

Two and a half million Americans go to Planned Parenthood Federation of America, the largest provider of abortion care in the United States, as their primary

health care provider. According to Planned Parenthood, federal Title X grants have allowed their facilities to provide 6 million STI screenings, 1 million breast exams and 800,000 cervical cancer screenings in 2015 alone.

In April, President Donald Trump signed federal legislation that allows states to deny federal Title X grants, which funds family planning and preventive health services, to any facility that provides abortion care, effectively using the right to abortion to hold hostage other facets of reproductive health care from the working class.



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