

## Living in an abortion desert

Perspectives on limited access to abortion and pregnancy services

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In 2017, Planned Parenthood closed their clinic in Bettendorf, IA as a result of state legislation cutting off funding.

After that clinic closure, the closest abortion care provider/comprehensive pregnancy service provider, became the Emma Goldman Clinic in Iowa City. Iowa City, while relatively close if you have access to a car, is still more than an hour away. This distance from campus/the Quad Cities means that we are in what is called an “abortion desert.”

For many Augustana students, faculty and staff, this lack of close resources may have little to no impact. Some may have unlimited access to a car and gas money. Some may be able to miss class for a far away appointment. Others may simply never need to access the services at a Planned Parenthood or Emma Goldman Clinic.

However, these abilities are not the reality for most. Oftentimes, the need to miss class, alone, is extremely difficult. And, with the stigma that is associated with abortion and reproductive health, many students may not feel comfortable confiding in their professors so as to avoid losing class points.

Assistant professor of Public Health, Dr. Hann, feels that the lack of close resources leaves a huge impact on the Augustana community that may be worsened by time, accessibility, gender and sexual identity.

“With Planned Parenthood being gone, not only were they doing birth control, well woman exams, STI testing, Planned Parenthood also does Trans\* health services. . . And I just think about students who might live in the greater Quad Cities area, or even in the Chicago suburbs, maybe they can miss a day of class on Friday to drive to their hometown to have a doctor’s appointment. But students from out of state can’t do that,” Hann said.

Furthermore, according to Hann, if a student is looking into finding pregnancy services or a healthcare provider, they may run into problems of shame and guilt.

“There’s no universal training for general medical providers about how to talk about pregnancy options. So if somebody had an unplanned pregnancy, their general provider -- if they were not trained in all family planning options-- may end up shaming them about thinking about adoption or ending a pregnancy.

“Or if they accidentally go to these crisis pregnancy centers that have misleading names, not only are they not getting access to sound, all-options healthcare, they also might accidentally be in a place where somebody is placing shame and stigma on them for their health choices. And that doesn’t help anybody,” Hann said.

Crisis pregnancy centers, as Hann mentions above, are defined by NARAL Pro-Choice America, as “fake health-care clinics that lie to, shame and intentionally mislead women about their reproductive-health-care options to block them from accessing abortion care.”

According to Francine Thompson, executive director of the Emma Goldman Clinic in Iowa City, Crisis Pregnancy centers often are utilized from the very beginning of pregnancies and many people do not have education on what they are.

“We certainly see a significant number of folks who come to the clinic who might have had their initial pregnancy test and determination done at a crisis pregnancy center. And, you know, that’s quite strategic. That all of their language and how they present themselves for someone who isn’t looking under the layers, it would appear as though they would provide the services that someone would need,” Thompson said.

The Emma Goldman Clinic is one of the closest abortion and pregnancy resources to Augustana’s campus. The not-for-profit organization provides “abortion services, gynecology services, safer sex promotion and active education.”

According to Thompson, crisis pregnancy centers aren’t the only problems women face when needing abortion care or pregnancy resources. Oftentimes, cost, a lack of awareness of current legislation regarding abortion and travel distance required play a large role in when services are accessed.

“It is a financial hardship. We don’t

know, but it could be that women are either deciding to continue pregnancies, or that they’re having abortions further along in the pregnancy as they gather the needed funds,” Thompson said. “But we do know that women are also traveling to other states. And part of that has to do with the confusion about legislation.”

In fact, the Emma Goldman Clinic provides subsidies for low income people who are in need of assistance in order to access their services. In previous years, the percentage of people needing this support hovered below 50 percent. However, according to Thompson, in the previous fiscal year, this percentage rose to 67.

Despite socio-economic status impacting abortion access, it is a service that is, and always has been, utilized by people of all backgrounds.

According to Dr. Simonsen of the History Department, “People with uteruses have been trying to control their pregnancies, and have had, I think fairly frequently, the support of men in doing so, for a long time.”

However, economic access and ability has caused spikes in abortion access at various points in history. Most clearly during the Great Depression in the 1930s.

“Abortion rates go up in the 1930s because of the Great Depression. Because people cannot afford to have children in the Great Depression. People couldn’t feed the children they had. . . There wasn’t consistent access to contraceptives. So of course, people got pregnant,” Simonsen said.

Furthermore, according to Simonsen, choosing to have an abortion or to access various pregnancy services is not a simple decision and has often been made in order to protect other children.

“There are so many reasons that women choose abortions. But they know what they’re doing. They’re thinking about it. They’re making tough decisions. They’re not irrational choices. They are often

making that choice to protect the children that they had, historically. And, of course, the danger of abortions have continued if they’re underground,” Simonsen said.

Having a lack of abortion and pregnancy services in the Quad Cities may contribute to an increase in shame or isolation for people who get pregnant. This is something that Hann fears greatly.

“It hurts my heart to think about students buying a pregnancy test at Walgreens and taking it in their dorm alone. Or their apartment. And being scared and not having anybody to talk to, a health professional that they know will be non-judgmental,” Hann said.

While the Augustana community may not be able to build clinics in order to increase access to pregnancy services, both Hann and Thompson have ideas for ways to combat this lack of resources.

Hann suggests a classroom-based education that revolves around how to properly consume the information that we have access to.

“I’ve tried to include in my Public Health courses . . . to get students to become more educated consumers. How do you read a website. How do you find out, you know, even if they are looking at a doctor or a hospital, if they’re a Catholic hospital, they may not be able to prescribe birth control. So how would students navigate that information?” Hann said.

Thompson, on the other hand, pushes for more direct and legislative based change.

“We can encourage everyone to vote. Because that is going to have the greatest impact on a number of things. Whether or not there’s insurance coverage or financial access or some of the legislation that is impacting clinics.

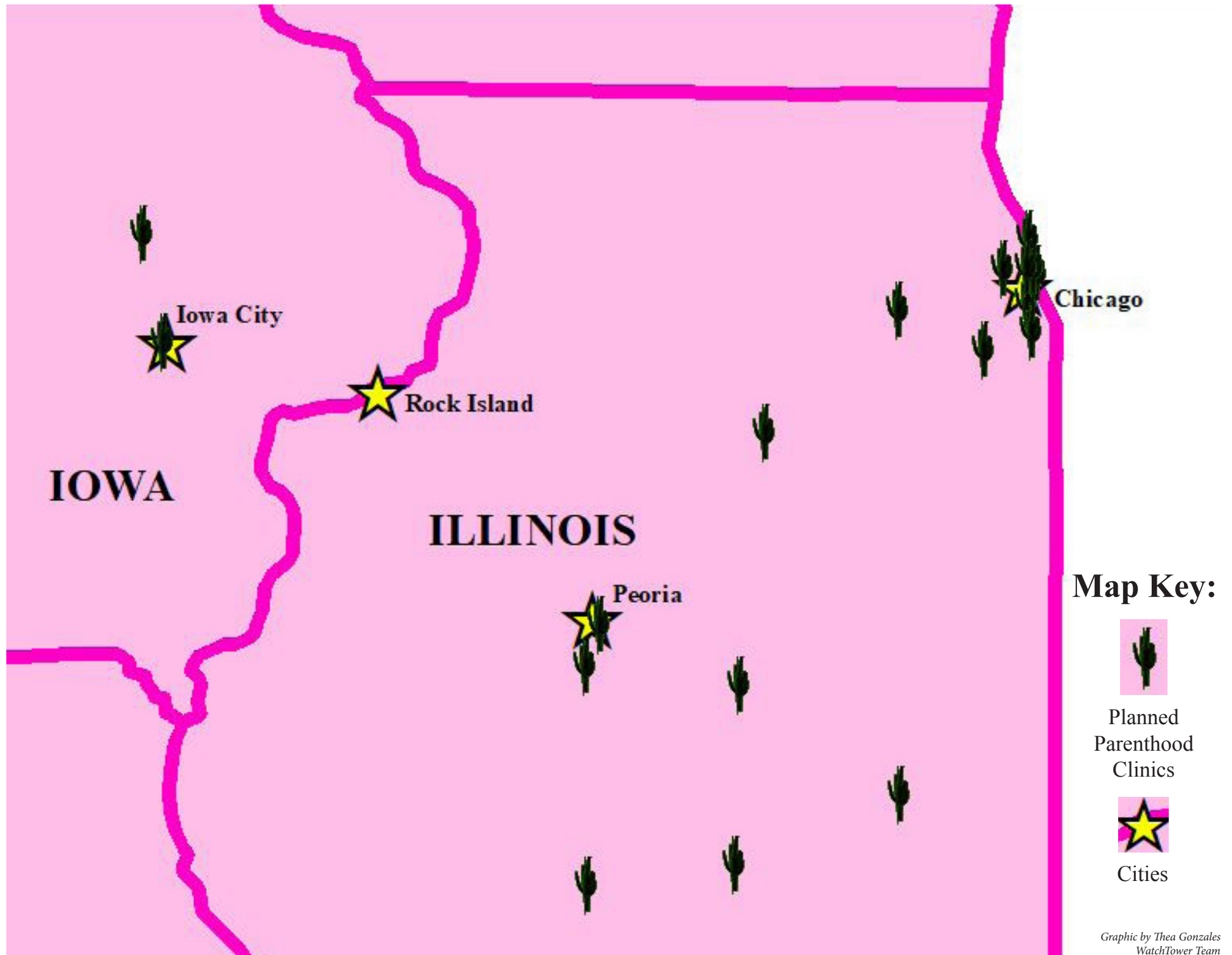
“Especially small, free standing clinics that may not be able to withstand the financial implication or may not have the dollars to fight that legislation. So voting and encouraging folks that are around you to vote for Reproductive Justice,” Thompson said.

Due to legislation changes, stigmatization and a lack of education, abortion access is being threatened across the country. However, Simonsen made it clear that this decreased access does not stop abortions-it simply makes them more unsafe.

“When people clamp down or limit access to abortions. They’re not eliminating abortion. They’re making abortion more unsafe. Because people will do it anyway,” Simonsen said.

“It hurts my heart to think about students buying a pregnancy test at Walgreens and taking it in their dorm alone. Or their apartment. And being scared and not having anybody to talk to.”

-Dr. Hann



## Independent Clinics that provide abortions:

While Planned Parenthoods may be the most well-known places to access abortion services, there are many independent abortion clinics that provide the same and additional services. Below are the closest independent clinics to Augustana. For more information contact the NAF Hotline referral line at 1-877-257-0012.

**Emma Goldman Clinic For Women**

Iowa City, IA  
(319) 337-2111  
(800) 848-7684  
[www.emmagoldman.com](http://www.emmagoldman.com)

**Whole Woman's Health of Peoria**

Peoria, IL  
(309) 691-9073  
(800) 322-1622 (IL) or  
(800) 322-5442 (IA)  
[Wholewomanshealth.com/](http://Wholewomanshealth.com/)

**AAncor Health Center, Ltd.**

Glen Ellyn, IL  
(630) 495-4400  
[www.aanchorhealthcenter.com](http://www.aanchorhealthcenter.com)

**Advantage Health Care**

Wood Dale, IL  
(630) 595-1515  
(888) 795-1515  
[www.AdvantageHealthCareLtd.com](http://www.AdvantageHealthCareLtd.com)