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Correcting the Record on Abortion During COVID-19: A Q&A With Dr. Erin King

Apr 21, 2020, 1:50pm [Regina Mahone](#)

"You can't wait one week, two weeks, five weeks. You've got to do it right then. It's got to be accessible."

It's never been a scarier or more critical time to be a physician providing abortions in the United States—let alone a human being trying to exist and care for loved ones during a literal pandemic.

The list of things keeping [Dr. Erin King](#) up at night grew longer as we spoke last week by phone.

But the most important thing the executive director of the Hope Clinic for Women in Granite City, Illinois, wants readers to know is this: "We are health-care providers, and are following all of the guidelines that expert health-care infection control providers are putting out about how to safely administer essential outpatient care. Pregnancy-related care, which abortion is, is essential, and we are following [the guidelines] just like other clinics across the country."

The *Dobbs* decision is looming, and that's just the beginning.

It's necessary to emphasize this point because of the lies and disinformation being spread by anti-abortion activists, she said. "We're entering a really scary time, with the narrative that we aren't doing that being falsely published—this false accusation that we're somehow a breeding ground or just providing care way outside some standard. When in fact we're way inside of that standard and are carefully following all the expert advice."

The Granite City clinic staff, like abortion care providers across the country, have done their research and worked together to roll out new protocols from the Centers for Disease Control and Prevention (CDC) "quickly and safely" because the patients "need us," Dr. King said. "We're still seeing a lot of patients, and a lot of patients are really distraught right now. They're very scared."

Below is a lightly edited transcript of our conversation, during which we spoke about why physicians need to provide abortions now; how the Hope Clinic is protecting its staff and patients from the transmission of COVID-19; and what reproductive rights and justice advocates can do to support abortion care providers in this moment.

***Rewire.News*: Why is abortion care essential health care?**

Dr. Erin King: Having trained as a gynecologist and been a gynecologist since 2003, I firmly believe that pregnancy-related health care is essential. Abortion is pregnancy-related health care, and it is as important as people accessing prenatal care and other types of pregnancy-related care during any type of emergency situation. That pregnancy will not stop for that outside emergency.

There is some pregnancy-related care that can be done over the phone, and, in fact, a lot of my colleagues and I who do prenatal care as well have done some of our visits over the phone. But we are still seeing patients in our offices for different pregnancy-related care during the pandemic. For instance, certain lab testing and ultrasound exams are still being done because you can't wait.

It's important to remember that people [seeking] abortion care need that care when they need it. They know their bodies best, their social situations best, their lives best. And if it is not the right time for them to be pregnant, that pregnancy is not waiting for the end of a pandemic. Although abortion is safe pretty much all of the time, the earlier you are in your pregnancy it's an even safer procedure. It's easier for the patient and their body, and the outcomes are extremely safe.

Anti-abortion activists argue that timely abortions aren't medically necessary because they are "elective." Can you explain why they are medically necessary?

EK: Abortion in general is medically necessary, and for patients seeking abortion, they can't wait. Their pregnancy is continuing to grow regardless of what's happening outside their bodies. The earlier they access care, the more important it is and the safer it is for them.

There are patients with medical conditions that will worsen if they don't access abortion care as quickly as possible. There are patients with fetuses that have multiple anomalies, and they may end up actually being past a gestational age where they can access abortion care if they wait. And then there are people who, for their lives, especially right now, they've chosen that it's not the right time to be pregnant. Maybe they've decided this based on social and financial factors—those are only worsening right now. So it's even more medically necessary to be able to end that pregnancy and then move forward with their non-pregnant lives.

Anti-choice lawmakers have asserted that abortion care providers are using personal protective equipment (PPE) that should be used by hospital staff. What PPE do you use at your clinic?

EK: Our staff is following the [Illinois Department of Public Health](#) and [CDC](#) guidelines for any outpatient visit. In the last two weeks, the recommendation has been to wear an isolation mask, protective eyewear (which is reusable), and, some of the time, we're wearing gowns (which are washed and reusable). So we aren't in any fashion taking away protective gear from any other provider at all. The isolation masks—we're actually following new CDC and Illinois Department of Public Health guidelines on being able to reuse those as well.

We're doing the same for medication and procedural abortion and prenatal care visits—they're all outpatient visits.

How is your clinic protecting patients and staff from the transmission of COVID-19?

EK: We're taking it very seriously. We are very fortunate to live in Illinois, where the governor and his team in the public health department have been issuing statements almost every day about what kind of protective gear to wear, how to protect staff, and how to protect patients. We screen everyone—staff, patients, visitors, anyone who comes to our building—the same way. We screen their temperature. We screen them with symptom questions, and then everyone who is in the building is wearing an isolation mask to prevent transmission to that person, and from that person transmitting to others. So even when we're not seeing patients at that moment in the office, everyone in our office is wearing the same protective gear, based on outpatient recommendations from the CDC and our public health department.

As we've reported at *Rewire.News*, COVID-19 is [heightening hurdles](#) for abortion care. What have you witnessed?

EK: We've changed how we see patients at our facility, spreading out the number of days we're seeing patients. We actually added a day of patient care and, for the first time in 35 years, we're seeing patients on Mondays. The reason is, we're seeing fewer patients per day, we're spreading the appointments way out, and we have about half our staff here at one time. We split into teams, so there's a team that sees patients half the week, and a different team that sees patients the second half of the week. This allows us to limit the people patients are exposed to, and the people that our staff are exposed to. And then each patient is only seeing one or two of our staff members while they are here.

So most of the education and consenting and information-gathering that we are doing is done over the phone with the patient outside the building, in their car or in the privacy of their home. Once they are actually in our building, we're seeing them for a short time for the part that we have to essentially see them for, which is either to hand them medication, to do an ultrasound, or to do an abortion procedure and the recovery process. So they are in our building for a very short time to see either one or two staff members, and no other patients while they're here.

All that said, the number of appointments have significantly decreased, which has made it harder for patients. I know it's happening to clinics across the country—there's just less availability for patients. We've also seen that patients have been having to drive from farther away. This week we started seeing patients from states that have restricted abortion access. We clearly don't want patients to travel if they don't have to. But if they can't access care in their own community, they are having to travel outside of their community to access that care. It looks like, as of right now, in [several states](#) abortion won't be available, at least for the next four to six weeks, as far as we can tell.

Financially, a lot of our patients have lost their jobs and aren't working right now, or have children that are home from school. Most people having abortions are already parents. It's very difficult for them to get to us even if they are close by, from a travel standpoint, from a childcare standpoint, and then from a financial standpoint.

At this point, we're seeing a lot of patients who are applying for funding from local abortion [funds](#). We are also doing a fair number ourselves, decreasing the price for patients. We just want them to be able to be seen and not have to worry financially because, as you know, the unemployment rate is astronomical. That's hit communities around us very hard.

What is keeping you up at night?

EK: There's a long list. I will start personally—abortion care and access to abortion care is very personal to me. I worry about my patients all the time. My main worries are: Do we have enough appointments for the people who need us; can they get to us; can they afford to get to us. I'm not talking about how much we're charging, but from a standpoint of gas, travel expenses, and childcare. I cannot tell you how heartbreaking it is to talk to someone on the phone, and they are having such a hard time getting to us. And they're not coming very far. No way are we encouraging people to travel when there are stay-at-home orders in their own communities. But if they have to travel for health care, then they have to travel for health care.

I'm also worrying about whether we are doing enough for them and for our staff. Every day we're pouring over all the recommendations of what are the best cleaning supplies, the best cleaning methods. What protective equipment should our staff be wearing? What protective equipment should the patients be wearing? How are the patients being seen, and how are we making sure we're limiting their interactions with each other and our staff to keep them and our staff the safest?

And then the other worry is how long is this going to last and when it's over—though I'm not sure it'll be *over* over—when we can start to open back up. How are we going to do that in a safe way to make sure we still keep people safe? Abortion is very safe. We have been open for 45 years. We provide very safe medical care when it comes to abortion. But we know—not us personally, but the country—little about coronavirus. We've all had to become mini-experts in transmission, prevention, infection control very quickly. We're looking to organizations that are experts in this, but they don't even know. We know abortion is safe. We want the infection control portion to be safe as well.

The other thing, the scariest thing is the protesters. The protesters have gotten much more aggressive. They've gone from being frustrated and angry with our facility and the staff and doctors for performing abortions to almost accusing our facility of spreading coronavirus or in some way practicing unsafe infection control policies. I don't know if it's because they've been quoted in news sources talking about all sorts of false things that are happening here and how we're taking care of patients, and how many people are in the building at the same time—but it's literally lies and false. I don't know if that's what they think they're seeing when they're here, but we're seeing maybe one to two patients at one time. We have a 15,000-square-foot building, so you can imagine people are spaced far apart. People aren't spaced six feet apart—they're hundreds of feet apart in different rooms.

And by the way, there's anywhere between two to 15 people standing outside our facility yelling at us while there's a stay-at-home order in our community. They are clearly not essential—it's not essential to yell at people about abortion, whatever you think.

We've [reported on this](#). They're arguing it's their First Amendment right to be out there.

EK: Right. Our police department doesn't feel comfortable asking them to leave because of that exact issue. We don't need to get into a legal battle with them about that. It is not my intention. My intention is to keep my patients safe. We're doing a lot of care—we're asking patients to wait in their car or we're talking to them in their car to do education and consent, and [the anti-abortion activism] is very distracting for the patients. Instead of the protesters indirectly affecting my patient care, it is now directly affecting my patient care.

I'm trying to talk to a patient on the phone about their medical history and there's a protester—I can hear them standing five feet from the car. I have actually asked patients, why don't you drive off the parking lot, and go park somewhere else where we can have a conversation, and I'll call you back. Because the protesters are distracting and interfering directly with our patient care now, I feel like it's gotten more dangerous.

Before the pandemic, clinics would have [clinic escorts](#) available to support patients.

EK: Correct. We do not have escorts right now. The escorts were really important to getting the patients safely into the building and showing them where the front door was when they're feeling distracted and confused by the fake check-in areas and pamphlets being handed out.

That has been really confusing for the patients as well, that there's no one there to greet them. And we of course are staying inside. So it feels very impersonal when the patients come up to our building, which of course we do not want it to be. We want it to feel welcoming, as any health-care facility does, and for patients to feel comfortable in the facilities.

How are you practicing self-care? What is bringing you joy?

EK: I would say there are two things. I feel like my life is a bit different than a lot of people who are staying at home and are isolated, in that for half of the week I am at work. A little bit of time I'm in the hospital, so I'm still seeing people.

I wouldn't say I'm doing what I normally do, because in no way are we doing things how we used to do them. But I still get to see my work family, and then I get to spend more time with my kids. That has been great because I don't, because of this position, get to spend a ton of time with them. They're well aware that things are different, and that their lives are very different right now. But they're still having fun, running around and being crazy, doing their normal thing. They don't want to talk about the virus, infection control, and masks all the time. They just want to talk about [kids' stuff].

They have other topics of conversation, and that's bringing me a lot of joy to see that they can be kind of normal when things are in no way, shape, or form normal. And we're taking lots of walks outside in the fresh air as a family. It's been really nice to spend some time together. My husband's schedule has changed a lot too—he's a gynecologist too, so his work schedule has changed a lot. It's made him stay at home more when I'm at home, which is nice too because I've gotten to spend more time with him as well.

In an ideal world, what would abortion care look like during a pandemic?

EK: We would have the least amount of contact with a patient. That's clearly not a physician's ideal world; we really like seeing our patients. But right now, they don't want to see us, and we certainly don't want to put them in any risk. So the least amount of contact that a patient can have at the health-care facility is really the safest. That's what we've been doing.

There are a lot of protocols that have been well-studied around what's called a low-touch model, which is the same model all sorts of health-care providers are using across the country for different types of health care. You try to limit the number of steps for the patient, but still keep the care just as safe. It's not just the education and consenting and discussing and all that can happen in the patient's house, car, or on their phone outside the facility that's best for them. It's also having the least amount of testing that still keeps the procedure safe. You don't really have to do a lot of outside testing anyway to do an abortion, so it's really about keeping the time limited when they need to be face-to-face with a physician. Different states have different restrictions about how medication abortion is administered and whether it has to be face-to-face or can be over telemedicine or potentially mailed to someone. There are all sorts of ways that could look, and lots of studies going on to figure out what is the best, safest way to do it.

How can reproductive rights and justice advocates support physicians and other abortion care providers in this moment?

EK: Continuing the narrative around how important pregnancy-related care, abortion care, is no matter what else is going on, because those things do not stop. You can't wait one week, two weeks, five weeks. You've got to do it right then. It's got to be accessible. So when people are all like, "Oh, thank you, health-care providers. We really appreciate you"—that includes gynecologists who are seeing people for all types of pregnancy-related care, but very specifically abortion care. And, I'm not just talking about the doctors—the nurses, medical assistants, the receptionists, all the people who have to be in the building to see patients.

And then, not that people have a lot of money right now, but financially assisting the patients is so important. People across the country have no money, have no jobs, have no idea when they're going to get rehired. Therefore they have no money to pay for anything, including travel, childcare, the actual procedure, any sort of follow-up care, anything like that. So supporting local abortion funds is key, because those local abortion funds will support the patients getting care. Our local abortion funds have been so helpful just getting people gas or hotel rooms to stay in. Things like that are so critical to being able to access health care.