

The Essential Role of Independent Abortion Care Providers

Following *Roe v. Wade*, the Supreme Court ruling that solidified the right to abortion in the United States, feminists and physicians began opening community-based, independently-owned abortion clinics throughout the United States. Their outpatient care model kept the cost of the procedure affordable while providing safe, quality care. These independent clinics set a new standard for all health care – laying the groundwork for affordable, exceptional outpatient services that center patients and their needs.

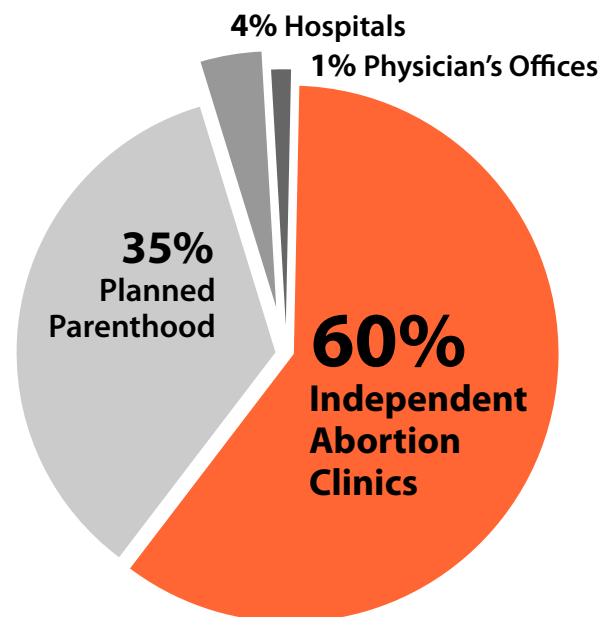
In the United States, abortion care is provided in private physicians' offices, hospitals, Planned Parenthood clinics, and independent abortion clinics.* Although independent abortion care providers represent about 25 percent of the facilities offering abortion care in this country, they perform about 60 percent of the abortion procedures.^{1,2}

INDEPENDENT ABORTION CARE PROVIDERS PERFORM 60% OF ABORTIONS IN THE UNITED STATES

Although all of these providers are necessary and vital to ensuring access to reproductive health care – including abortion – most people are unaware of the important contributions of independent abortion care providers and the challenges they face.

In addition to lacking name recognition, independent abortion care providers also lack the institutional support and fundraising capacity of nationally affiliated health care centers and hospitals. This makes it especially difficult for these community-based providers to garner the resources necessary to stand strong against the increasing anti-abortion extremism and legislation that aims to shut their doors.

Percentage of abortions performed by provider type^{1,2}



* Within the reproductive rights movement, independent abortion care providers and clinics are sometimes referred to as "Indies."



Abortion Care Network
www.abortioncarenetwork.org



Independent abortion care providers stand out in several ways. They often provide care that is otherwise unavailable to a particular patient or in a particular geographic area. Without independent abortion care providers, meaningful access to abortion care after the first trimester of pregnancy would be dramatically reduced in the United States. Independent clinics often serve some of the most rural areas of the country, provide care to LGBTQ patients, and work with their communities and local abortion funds to ensure that care is available to those patients with the fewest resources.

“ Three years after Roe v Wade, I decided to open Northland Family Planning clinic in Detroit. It was - and still is - important to me to create a space where women are treated with the respect and dignity they deserve.

Renee Chelian, Founder
Northland Family Planning Centers

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Despite the unique challenges they face, being independent also has advantages. Like other independent, locally-owned businesses rooted in their communities, they are able to respond to community needs by adding or adapting services to center the unique needs of their patients and those not being served in their city or region.

Independent abortion care providers are also bold advocates in their states and beyond, as we saw in the historic Supreme Court victory of *Whole Woman's Health* (an independent provider) *vs. Hellerstedt*. This decision made two things clear: 1) the United States legal system continues to uphold abortion as a constitutional right, and 2) the effects of clinic closures can be devastating – in some cases, permanent.³ Meaningful access to abortion care in the United States depends on independent abortion care providers keeping their doors open and continuing to provide quality, patient-centered care. Unfortunately, these providers are also the most vulnerable to anti-abortion attacks (including anti-choice legislation, harassment, and violence), funding restrictions, and other attempts to close clinic doors or make abortion unavailable.^{4,5,6}

“ At Feminist Women’s Health Center, we know we must engage communities in creative ways, meet more of their needs, and make sure they are equipped to advocate for themselves. We want our relationship with the community we serve to be more than transactional: we want it to be transformational.

Kwajelyn Jackson, Community Education and Advocacy Director
Feminist Women’s Health Center

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